MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CENTRICATE OF DISAME

BUREAU V. E.

TEEL 8S NAL

BECEINED

orman T. Baker

MTABE OF STADINGS

CONTRACTOR SETTING

arthur for the partition of the felt will be ad-

REGEIVED V. S.

1202CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WICO MARYLAND	STATE MARULAND COUNTY WOREESTER,
CITY (If outside corporale limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR end give peerest town) TOWN SP 1 S BURU 34 days	TOWN PURCHIED OF 110
HOSPITAL OR 34 days	STREET (If rurel give location)
INSTITUTION OR POLICE OF PONCED HAS	* ADDRESS
CV/NOWE/ OCICATE IOS	(Lest) 2nd Street (Lest) 4. DATE (Month) (Dey) (Year)
DECEASED	OF
(Type or Print) EdMOND P.	BAYLY DEATH JANUARY 16 1957.
RACE WIDOWED, DIVORCED,	DATE OF BIRTH 9. AGE less birthday IF UNDER 1 FEAR IF UNDER 24 HRS. Months Days Hours Min.
MALE White Specificarried Aug	gust 27, 1884 72 yrs.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) Bridge Tender	Virginia USA
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME
McKendlen Bayly	Ida Pead
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY IN	
[Yes, no, or unk.] (If Yes, give wer or detes of service)	
No None	Stanley Bayly, Pocomoke, Maryland
J DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
-) 332X IMMEDIATE CAUSE (A) Corolleral	thanker & mastles
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	In I and I was the
DISEASE OR CONDITION CAUSING DEATH, 4804 1 10 COURCE	20. AUTOPSY?
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	YES NO V
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory,	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	William Committee
21d, TIME OF INJURY (Manth) (Day) (Year) (Hour) 21e, INJURY OCCURRED	211. HOW DID INJURY OCCUR?
M. White Not white	
22 I haveby cartify that I attended the decented from /7 -	12, 1956, to 1-16, 1957, that I last saw the deceased
· · · · · · · · · · · · · · · · · · ·	red at 2 P.M. from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, stele) DATE BIGNED
110 Mus Q Eller To Me	Salisteur, Mdi 1-17-57
	RY OR CREMATORY LOCATION (City, town, or county) (State)
	tonion Comptant B . Monuland
Burial 1.18.57 Presby: 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	terian Cometery Poconoke, Maryland
	and all all all and all all all all all all all all all al

INSTRUCTIONS

.⊑

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificale be executed within 24 hours after death. TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physician.

BY TROUBLE OF THE WARRENCE SAME CREEKEN

START OF STARTE OF STATE

BUREAU V. S.

1901 18 NVI



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6949

CERTIFICATE OF DEATH

118973

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY, ACCOM HC									
1	WICOMICO MARYLAN	VIBGINIA WICOMAC									
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)									
ŀ	SALISBURY, MD. 6 MOS-	MAPPSVILLE, VIBGINIA									
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? TES IN NO ITEM									
- 116	SPAING HILL, SALIS BURY MD.	O O X O YES NO D									
l	3. NAME OF DECEASED (Type or print) JOHN MADISON BLOX	OM JB. CEATH JANUARY \$ 19577									
Ì	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED F										
	M WIDOWED DIVORCED	lost birthdoy) Months Days House Min									
М	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?									
/	MERCHANT STORE	VIAG-INIA U.S.									
Т	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
ı	JOHN MADISON BLOXOM	OSHA BUNDICH BLOXOM									
ľ	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 11	7. INFORMANT Address									
	1/2s, no. or unknown) (If yes, give wor or data of service) NONE	J.M. BLOXOM III SALISBUAY , M.D.									
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN									
1	PART 1, DEATH WAS CAUSED BY: COBONAB	Y THROMBOSIS ONSET AND DEATH I									
ı	35° X DUE TO	1 14BOMBOSIS 3 Mana									
	01041404	010414011/0 0 000									
1	gove rise to immediate	N 3 DISEASE 10 YRS-APP									
1	coste (o), storing the under-										
١	lying couse lost. (c)										
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?									
1	3	YES NO P									
	CAUSE OF DEATH	RRED. (Enter nature of injury in Part 6 or Part II of item 18.)									
1	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e Hour a.m. 19 White Not while of work of work	PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stole)									
ı	Hour a.m. 19 White Not white	factory, street, office bldg., etc.)									
ı											
ı		1956, to 1-8 1957, that I last saw the deceased									
1	alive an 1-8 1957, and that de	ath accurred at 3 P M, from the causes and an the date stated above.									
1		ADDRESS (Street, city or town, state) DATE SIGNED									
4	SIGNATURE Eugene Lumberg	MD. MEDICAL CENTER JUNE 18, 195-7									
ı		SALISBURY, MARYLAND									
ı	PHYSICIAN'S EVGENCE U. LINBERG										
F	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	Y OR CREMATORY 22d. LOÇATION (City, town, or county) (State)									
	BULLIA JAN 8 1957 JOHN N	TAYlor TemperANCEVILLE YA									
İ	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. RESISTRAR'S SIGNATURE									
		DATE IC 14 1957 11 21 1/1/2									

BUREAU V. E.

TO SERVICE A STREET OF THE STREET

2961 ₱1 9NV

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Quantitation	d. Street address o. Is residence on a farm? yes \(\) No \(\)
3. NAME OF DECEASED (Type or print) Elltry Middle	Bell In Seath Jaw. 19, 1957
5. SEX 6. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthsloy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dotes of service)	INFORMANT Address
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pancrealities interval Between ONSET and DEATH
DUE TO Conditions, if any, which)	5
gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> (b) DUE TO Lying couse lost.	7
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OPHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERWING 20th DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year While Not while of work 01, mork 19	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40e. Pl While Not while for work of work of work of the control of t	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) sclory, street, office bldg., etc.)
21. I certify that I attended the deceased from Warsh	95, 19 to Jaw. 19, 195 That I last saw the deceased
ACTUAL SIGNATURE DELLA SIGNATURE	ADDRESS (Street, city or town, stole)
PHYSICIAN'S G. Herbert Set	bly dalishing had
20. BURIAL CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, fown, or county) (State) Melfa, Virginia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Alfred U. Ames Funeral Home, Melfa, Va.	DATE FEB 1 '60 cirrun S. Thous

KINDS DOWNS

. .

- 11

100

BUREAU V. S.

7261 81 NAI



MARYLAND STATE DEPARTMENT, OF HEALTH—BALTIMORE, 18

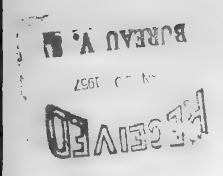
BUREAU V. S.

DEALED TO

BUREAU V. K.

CHATE OF MAL

DATE



Marie Marie

MAITE NEI

100

botton

certificate

death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

1207 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH Wichmico MARYLAND STATE COUNTY (Il outside corporate limits, write RURAL and give regrest lown) (If outside corporate limits, write RURAL LENGTH OF STAY OR TOWN TOWN STREET (If rural give location) HOSPITAL OR INSTITUTION OR **ADDRESS** STREET ADDRESS (Lest) DATE NAME OF (Middle) (Year) DECEASED (Type or Print) 19 0 SINGLE, MARRIED SEX COLOR OF DATE OF BIRTH AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS 6. RACE WIDOWED, DIVORCED, Hours Deys (Specify) YFS. EMP12 10a, USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) CITIZEN OF WHAT José during most of working life, even if COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO. INFORMANT & ADDRESS (Yes, no of unk.) (If Yes, give wer or dates of servica) ONSET AND DEATH MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 576 W IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 20. AUTOPSY? 19a. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION YES NO 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Home, farm, fectory, OF INJURY street, office bidg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) While Not while al work at work 10.../ 22. I hereby certify that I attended the deceased from alive on..... SIGNATURE ADDRESS (Street, city, town, stelle) DATE SIGNED BURIAL, CREMATION, REMOVAL (SPECIFY) NAME OF CEMETERY OR CREMATOR DATE THEREOF LOCATION (City stown, or county) TUNERAL DIRECTORYS SIGNATURE ADDRESS REC'D BY REGISTRAR

USI A CONTRACTOR

may v

٠.

9.09

	*,			MARY						HEALT				8	0.1	199	
Mi)	1.]	PLACE OF DEATH		252	AP EVA	4/4/11/16	ik 3	2. USUAL	RESIDENCE (V		sed lived. If	instituti		lst, No.		sian)
			. COBNIT	Wicomico			MARYL	AND	o. STAT	E Hary	yland	b. C0	YTNUC	Wi	comi	co	
		Ŀ	CITY OR TOWN	(If outside corporate limits,	write RURAL	c. LENGT	H OF STAY II	N 16	c. CITY	OR TOWN (II	autside co	rporate limits.	write R	URAL on	d give ne	parest tax	rn)
		Qı		abor Camp		5	years		WOR F	D#2	Ede	en, Md.	,				
		d	I. NAME OF HOSPI	ITAL OR INSTITUTION	(If not in h	espital, give s	ireet address		d. STRE	ET ADDRESS						e. IS RE	S DENCE
	10		Quanti co	Labor Camp)				R	F D#	2						№ 🔲
		3.	NAME OF DECEASED		First		Middle			Lost	4. DATE		Month		Day	Ye	or
			Type ar print)	Elwood	Filmo	re	Corni	sh			DEATH		1	28		15	57
		5. S	EX	6. COLOR OR RAC	E 7- MARI	RIED NEV	ER MARRIED	8.	DATE OF 8	IRTH		9. AGE (in your loss) butheloy		IF UNDER		IF UNDE	
			M	0	WOOW	ED 🔲	DIYORCED [ם כ	-2-19	16		41	yrs.	Months	Days	Hours	Min.
		10a	USUAL OCCUPAT	ION (Give kind of waing life, even if retire	rk dane 10b.	KIND OF BU	SINESS OR II	NDUSTR	Y 11, BIRT	HPLACE (Slote	ar foreign	country)		12 CIT	IZEN OF	WHAT	COUNTRY
			Laborer		·	F	arming		A	llen, 1	Md.				U	SA	
		13.	FATHER'S NAME						14. MOTHE	R'S MAIDEN N	AME						
and a				. Cornish					J	ulia A	nn Tul	1					
1		15. (You	WAS DECEASED E	VER IN U. S. ARMED		SOCIAL SEC	URITY NO	17. IN	PORMANT			Ac	ddress				
	<i>]</i> "		No	Lone		_llone		Mrs	Jul	ia Cori	nish,	Box 45	, R	F D	# 2	. Ed	en. M
				ATH [Enter only one	-	e far (a), (b),	and (c).]								ONSET	VAL BETWEE	N
			PART I. DE/	ATH WAS CAUSED BY IMMEDIATE CAUSE	(o) Co:	ronary	occlus	sior	1							udde	
			420.1	DUE T	0												
			Conditions, if		(b)												
			gave rise to imm (o), staling the		0					-							
			couse lost.)	(c)												
		Ž Q	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I											RT 1(o) 19	PERFOR	UTOPSY	
	2.	3													Y		NO 🗆
		CERTIFICATION	20a. EXTERNAL CAPRIMARY OF CO CAUSE OF DEATH	USE WAS	206. DESCRI	BE HOW INST	URY OCCURR	ED. (En	fer nature a	if injury in Por	I I or Port I	of item 18.)					
			20c. TIME OF INJU		fear 20d.	. INJURY OCC	URRED 20e	. PLAC	E OF INJUE	Y (Home, farm	20F (Cit	y or lown)		1Co	uniy)		(State)
		MEDICAL	Hour a.m		WE		white	facto	ry, street, of	fice bldg., etc.)	,,		,			10.0.01
		2	p. m.	hat I taak char		- Secret		abay	a hald	Auto				1		1.6	
				d fram: Natura		december	_				<u> </u>	nspectian	25		A Kr	ond t	ind that
			dedili resolle		- Cuoses	75 ACC	detit [_],	3010	ide [],	Hamicide	Ц, О	ndetermin	ea co	inze _	J·		
			ACTUAL	ton!	~ V	4	8 /		CHIE	F MEDICAL EX	A MAINIER (1				DATE SI	GNED
	0-		SIGNATURE						, MLD,	STANT MEDICA							
			EXAMINER'S	Foul T D						JTY MEDICAL		_			_		
		220	NAME (Type)	Earl L. Ro	yer.		OF CEMETER	Y OR 1				<u> </u>		and the second	1-	20 7	7
		-20	REMOVAL (Specific	1-31-5	en e		Calver					tland,			co, I	(State)	
		23.	FUNERAL DIRECTO		•	ADDRI		U			D BY REGIS			RAR'S SIG			
199	Y		J. F. Ste	swart Fune	ral Ho	me, Sa	lisbur	У.	Md.	JAAI	27 11	DET	m.		1/ 2	600	2
ų		_								- (4-6.6-		10/-	in	41			

enerva k e



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()12()()
+ Je		1208 CERTIFICATE OF DEATH Reg. Dist. No. 33 Y
900 J	M	1. PLACE OF DEATH a. COUNTY Wicomico MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY Wicomico Maryland b. COUNTY Wicomico
deoth uneral	W.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Salisbury C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
s after d y the fun 2 shaufd	K	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION On A FARM? Pen. Gen. Hospital d. STREET ADDRESS ON A FARM? VES NO 100
24 hour d in t		3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED BETT AH MAY CITABLES OF TANTADY 1.74-1.
within rely Page		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
ample apers. th.		Female White WIDOWED DIVORCED OCt. 17, 1905 51 yrs. Min. 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if refired)
be exected or thou potential	1	Employee(Operator) Shirt Factory Fitchugh, Ark. USA
physician mave car hours aft	10	Christopher Columbus Spradlin Lucy Caroline Leslie
B B 2 2		Is. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (For major unknown) If yes, give wor or defeated services 16. SOCIAL SECURITY NO. 17 INFORMANT (For Perry W. Cummins (Husband) 111 Washington St. Salisbury. Maryland
he death contendir on please		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAUSTICATU POS CO. INTERVAL BETWEEN ONSET AND DEATH
that It by the it. Th		Conditions, if any, which) (b) A State Stanose
equires in. signed il perm		gove rise to immediate cause (a), stoting the under- DUE TO lying cause lost. (b) Mullivia alie Sucret discusse - 11
e law r shysicic us been al-trans	41	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO ELECTRICAL NO. 10 PART 10 P
AN: The sading I icate he buri		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ACCIDENT WAS UNDERLYING DORCONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING DOLLARS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE)
HYSICI or atte is certif use as t mation,		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jz. White Not while of work at work at work at work at work at work.
ospital frer th id for al, cres		21. I certify that I attended the deceased from
TEND The h OR: A etache		alive an
OR A ined by DIRECT Id be d prior t	1	SIGNATURE MA MI SULA COO MD. Haryland Ave. (Office) Jan. 4, 1957
reta RAL shau Istrar		MAME (Type) Dr. E.M. Beardsley M.D. Selisbury, Maryland
HOS Perege		22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town, or county) (State) Burial Jan. 15, 1957 Wicomico Memorial Park Salisbury Carry and
D . D	*	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOVAY & COMPANY DIRECTOR TOWN CALL COLUMN AND CA
VS A15 (4) 15M 9/55	*	HOME SALISBURI, MD. DARE - 1957 Mary M. Holloway

BUREAU V. 8.

		ENT OF HEALTH—BALTIMORE,	01201
	MEDICAL EXAMINER	'S CERTIFICATE OF DEATH	Reg. Dist. No. 334
	PLACE OF DEATH a. COUNTY Wi comi co MARYLANG	2. USUAL RESIDENCE (Where declared lived, If Institute of STATE b. COUNTY	
	b. CITY OF OWN (If subside cooperate light, write RURAL c. LENGTH OF STAY IN 16 and girly recreat form) WIND WILL THE THE CONTROL OF STAY IN 16	c. CITY OR DOWN (If ownide corporate limits, write	RURAL and give nearest town)
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First Middle PECEASED [Type or print] Jeffrey Lynn	Dale 4 DATE Month OF DEATH 1	Doy Year IC 19 57
5.	SEX 6, COLOR OR RACE, 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	8. DATE OF BIRTH Se t. 9,1956 9. AGE (In yours lost birthdoy) yrs.	IF UNDER 1YEAR IF UNDER 24 HRS. Monibs Days Hours Min.
/ 10	a. USUAL OCCUPATION (Give kind atwork dane 10b. KIND OF BUSINESS OR INDU during most-of yarking life, even if retired)	STRY 11. 8IRTOPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
1:	FATHER'S MAME	Bertie Wellie Baine	•
- 8	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	WINGER Dale Address	www. Willsmill
	18. CAUSE OF DEATH [Enter only one coute per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Lobar moumonis	Runce/#2	INTERVAL BETWEEN ONSET AND DEATH
	1490 X DUE TO Conditions, if ony, which)		
	gave rise to immediate cause (a), stating the underlying cause last.		
, 20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	EN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES 23 NO
CEPTIEN	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury in Part I or Part I) of item 18.)	
SPICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl for the street of th	ACE OF INJURY (Hame, form, ctery, street, office bidg., etc.)	(County) (State)
	21. I certify that I taak charge of the remains described ab		Loquey [5], and find the
	death resulted from: Natural causes X, Accident , Si	CHIEF MEDICAL EVALUATES ES	DATE SIGNED
	SIGNATURE	ASSISTANT MEDICAL EXAMINER	
	Examiner's Hami I. Boyon M. D.	DEPUTY MEDICAL EXAMINER	1-19-57
Ž.	G. EDRILL, CREMATION, 224 DATE THEREOF) 22C NAME OF CEMETERY OF SEMENTAL SPECIAL STATE OF CEMETERY OF	Comity Snow Vill	2 mg
7	FUNCEARD TRECTORS SIGNATURE ADDRESS	MG REC'D BY REGISTRAR 245. REGISTRAR 1957	FRAR'S SIGNATURE Joney
	C. S.		

EUREAU V. P.

DAISOFM

DECEINED NED

BUREAU V. S.

18/1 83 102N

good the country were ? mon ille till us.

mount, Johnson

FR 131.33 AT.

			•	12	_				DEATH		TIMORE,)ist. No.	012	203 337
		PLACE OF DEATH D. COUNTY	Wico				MARYLAND	2. USUAL o. STATI	RESIDENCE (WI		d lived. If institut b COUNTY		nce befor		ion)
12		RURAL ond give	nearest town)	orote limit Sbury		c. LENGTH O	FSTAY IN 16	c. CITY	or town (if a		rote limits, write	RURAL and	give nea	rest towr	1)
00		d. NAME OF HOSP OR INSTITUTION	ITAL (If not in	hospital, g	ve street go	dress) sta Ave	>	d. STRE	ET ADDRESS		sta Ave.				IDENCE FARM?
		NAME OF DECEASED (Type or print)		Fin APR			Middle JANE	DA	tost VIS	4 DATE OF DEATH	Mo J.A		Do:	*	Year 1957
	5. 5	ex Female	6. COLOR		7. MARRIE	D NEVER	MARRIED	B. DATE OF I	^{віктн} .3 , 1 891		9 AGE (In years lost birthdoy) 65 yrs	IF UNDE Months	R 1 YEAR Days	erk.	ER 24 HRS Min.
X.	100	USUAL OCCUPAT during most of we House Vo	irking lite, ever	of work d	one 10b. Ki	None	NESS OR IND		THPLACE (Stone		ountry)	1	ITIZEN O		COUNTR
	13.	FATHER'S NAME Benjamin		1				14. MOTH	ER'S MAIDEN N	AME Sm1t	h				
O	15 (Y+r	WAS DECEASED EV		OF dates of se		OCIAL SECUR	ITY NO. 17.	informant re. Lydi	a Camph	ell(Da	aughter)	SÖ4 I	uena	Vis	ta A
		156,1 Conditions, If gove rise to	any, which		se per line	for (0), (b), o	elec Cen	in	Lu	e.			LUNIE	RVAL BE	IWEEN
٦	L CERTIFICATION	200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFIC VAS UNDERLYIF G CAUSE C Y MEDICAL EX.	(c) ANT CONE			URY OCCURR	ED. (Enter notu	re of injury in I	ort 1 or Port		VEN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED? NO X
	MEDICA	20c. TIME OF INJU Howr o. jr. p. m.	IRY Month,	Day, Yea 19	While	URY OCCURR Not while of work	11	LACE OF INJU actory, street, o	RY (Home, farm office bldg., etc.	, 20f. (City)	or town)	1	(County)		(Stote)
1		21. I cortify to alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) D	1- : UE	7 43.	deceased 19.5 3. Smi	7_, and		м.р. <u>М</u> є	ot 6:30P	ADDRESS (SI Gntar	<u> </u>	and an		e state	
	23.	BURIAL CREMATH REMOVAL (SOMEIN BUILIEL FUNERAL DIRECTO	Jan.	•	57	Wico ADDRESS	mico M	or cremator emorial	Park 240. REC'I		IION (City, town, Lisbury,) RAR 24b, REG		and .	(Slote	*)
3 ,	H	S YAWOLLOWAY	COMPAN	Y FUN	ERAL	HOME -	SALIS	EURY, MD	DATE:	10	1017/	Mary	1.0	Hole	ocoas

EUREAU K. L.

YOUR 8 NAU

OB A DECEIVED

CERTIFICATE OF DEATH 1211

Item FilmG209 1-10-57 Reg. Dist. No....

I. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEAS	ED
COUNTY I D'E COM'S E	MARYLAND	STATE VILO IN	ia COUNTY AC.	comac.
CITY (if outside corporete limits, write RURAL	LENGTH OF STAY	CITY (if outside corpora	le limits, write RURAL and give :	nearest town)
OR and give neerest town)	(In this plece)	OR TOWN // /	a . * a . a . a	A R Company of a
SULSKALA		Chine	Coteague, (If rush) give location	Ulrainia
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(It Limb), dive racelyo	in) U
STREET ADDRESS Penin Sula Jenes	al Hospital	North	main St.	
3. NAME OF (First)	iddle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	D	avis	DEATH Jan.	2. 1957
5. SEX 6. COLOR OR 7. SINGLE, MARRIED	. I 8. DATE OF			DER I YEAR JIF UNDER 24 HRS.
RACE WIDOWED, DIVO	RCED,	2 1880	Month:	Deys Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b, KIND	owed Dec 8	11. BIRTHPLACE (State or foreign	/6 ym.	12. CITIZEN OF WHAT
done during most of working life, even if OR II	NOUSTRY	n y	r codintry)	COUNTRYZ
retired) Housewife		Virginia		U.S. H.
13, FATHER'S NAME		14. MOTHER'S MAIDEN NA	(ME	
James Clay Ville		Elizabet	& Bloxon,	
	SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service)		Lottie Si	read - China	coteaque, va.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18, MEDICAL CER	TIFICATION		I INTERVAL BETWEEN
1 DISEASES ON CONDITIONS DIRECTLY LEADING TO DEATH	1	11.00	Land	ONSET AND DEATH
A IMMEDIATE CAUSE (A)	in Colde	al Thru	F, acuto	2 vais
ANTECEDENT CAUSE(S) DUE TO	U	U	,	V -
DISEASES OR CONDITIONS, IF ANY, (B)				
GIVING RISE TO THE ABOVE CAUSE DUE TO				
(C)				
TO THE SEGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
19e, DATE OF OPERATION 19b, MAJOR FINDINGS OF	FOPERATION			2D. AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, offi	farm, factory, 2'	ic. WHERE DID INJURY OCCUR?	(City or town) (Ci	ounly) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21s, II While	NJURY OCCURRED 2	RIF. HOW DID INJURY OCCUR?		*
M. et worl				
22. I hereby certify that I attended the decease	ed from 12.21	, 19.26., to 1.7.	2, 19 <i>5</i> /, that	I last saw the deceased
alive on, 19. , and f	hat death occurred at.	J.J.J. M., from the cau	ises and on the date sta	sted above.
SIGNATURE		ADDRI	SS (Street, city, town, stata)	DATE SIGNED
Willia & Ellis	M.D.	Frelish	was illx,	1-2357
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or cou	nty) (State)
REMOVAL (SPECTY) Jan. 4, 1957	Red men	's Cenetery	chincote	0 0 40 10
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 300 117011	25. FUNERAL DIRECTOR'S SH	SNATURE	ADDRESS VC.
1-7-50 701, 1117	1.11.		n 1	7.
DATE / () / / / / / / / / / / / / / / / / /	HUMMay	William B. L	aliger - Chines	haque, Oa,

TO FUNERAL DIRECTOR: The law requires that the death certificate be tiled with the registrar willin 12 Hours after death. After, this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M~

2 .V U'. A

TEEL 8 NA

DEALER !

BUREAU V. S.

Seet & MAI.

BECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY o. STATE **E b.** COUNTY Wicomico MARYLAND Mary Land icomico death. erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town] should Salisbury 20 yrs Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T Camden Ave. 611 Camden Ave NAME OF First DATE Middle Lost Month Doy Yeor DECEASED OF (Type or print) ETJ.A MAY CONLEY DEATH DODDS 19 57 within S. SFX 6. COLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH ÷ lost birthdoy) Months Doys Hours Min. Female White WIDOWED T DIVORCED [7] December 13.1879 YES. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? House Wife Own Home Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion John W. Covington hours Laura E. Robinson remaye 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 22 1 offending NC NONE Salisbury Mary land 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ā ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' a X DUE TO þ permit. Conditions, if ony, which peen signed gove rise to immediate **DUE TO** couse (a), stoting the underpup lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item IB.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING TO CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY [Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) O. m Not while ot work Of Work 72-0 , 19-5 7, that I last saw the deceased 21. I certify that I attended the deceased fram, and that death accurred at_____ .M, fram the causes and an the date stated above. ACTUAL SIGNATURE WALLIAM PHYSICIAN'S The Medi NAME (Type) William Smith 22b. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY Y, W J 22d. LOCATION (City, lawn, or county) (Stote) REMOVAL (Specify)
B urial the Wicomico Memorial Salisbury Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) The Hill & Johnson Co. Salisbury, Maryland 15M 9/95



TOUR ES NAL

BUREAU V. S.

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
SE N	. 1214 CERTIFICATE OF DEATH Reg. Dist. No. 337
directo	1. PLACE OF DEATH a. COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Vicomico
funeral	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Salisbury c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Plttsville
by the fund 2 should	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Pen. Gen. Hospital d. Street Address d. Street Address ves No
i no l	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF JANUARY 18th 1957
rs. Eag	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Female Widowed Divorced December 11, 1878 7. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Pays Hours Min.
on pape death.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) If our set working life, even if retired) House Work at Home None Gumboro, Delaware U.S.A.
siciam a ve carba ors after	13. FATHER'S NAME Property Name Mary Hester Truitt
ing physici	15. WAS DECEASEDEVER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or dates of service) NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of s
signed by the attending it permit. Then please id in any eyeat within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stoting the under- lying cause last. (b) DUE TO DUE TO DUE TO Canditions, if any, which gave rise to immediate (b) DUE TO DUE TO (c) (c)
ending physicio	PART 8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 1. OR CONTRIBUTING CAUSE OF DEATH II OF PART I
al ar att his certi	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. st. 19 While Not while at work at work at work at work at work at work.
retained by the hospit RAL DIRECTOR: After I should be detached fail strar priar to burial, on	21. I certify that I attended the deceased fram
the regi	22a. BURIAL CREMATION, PREMOVAL (Specify) 1 Durial Jan. 20, 1957 Pittsville Cemetery Pittsville Israel
VS A15 (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY FUNERAL HOME -SALISBURY, MD. 240. REC'D BY REGISTRAR 246. REC'D BY REGISTRAR'S SIGNATURE DATE 2 1 195 Nary W. Holloway

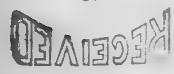
BUREAU V. 2

Tent IS NAI

SECENTED SE

A TO THE PARTY OF
E'BEVN A' &

7261 81 NAI



funeral director,

Proof

ᇻ

DECELVED VAI

BUREAU V. S.

BUREAU V. K.

Şect 8 MAL

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7.51

BUREAU V.

within

BUREAU V. S.

MINISSE SE NAI

DATE

ofter death.

within

certificate ba ex

BUREAU V. S.

Teel es nai

with

filed

should

Offer

maye

DIRECTOR

O

VS A1S (4) 1SM 9/5S

should

deoth:

within

death

BREEVA A E

ZCCT E NF

Maria

				MARYL	AND S	TATE DEP	ARTME	ENT OF I	HEALT	H-BA	LTIMO	RE,	18	o	19	15
1	8.5			ME	DICA	L EXAMI	NER'S	S CERTI	FICA1	TE OF	DEAT	H	Reg. D	ist. No	13	37
/	M		PLACE OF DEATH	Wicomico			ARYLAND	2 USUAL RE				Institu OUNT	Iron: Reside	nce bef		usion)
		-	CITY OR TOWN and give nearest lov	If outside corporate limits, write	RURAL	c. LENGTH OF ST		c. CITY O		land outide cor	porote limite	, write	Word	este give no	earest lov	~n)
	12		Suliabu:	ry		4 da			al <u>-</u>	Stoc	<u>kton</u>					
	dr			ital of institution (i ala Genera		pitol, give street od spital	idrest)	d. STREET	ADDRESS						ON	SIDENCE A FARM? NO X
		1 1	NAME OF DECEASED	Fin	H	Middle		Le	al .	4 DATE OF		Month		Day	Ye	eor
			Type or print)	Nora		V.		loswelle		DEATH				. 3	19	
		5. 5		6. COLOR OR RACE				DATE OF BIRT	Ή 		9. AGE (In least birthile	years m	IF UNDER	Doys	Hours	ER 24 HRS. Min.
		_	15	M	WIDOWED			11-30	-1871		85	yn.				P 40 f Is 170 sel
	1	10a	luring most of work	ION (Give kind of work oing life, even if retired)	Some 105. K	IND OF BUSINESS	OK INDUST			_	pountry)		IIZ. CIII			COUNTRY?
	- (-	Housew	lie				1	rylar				1	USA	A	
		13.	FATHER'S NAME	70 3				14, MOTHER'S			_					
	/ \		Edward	Dryden	accon la .			Mar'	y Fra	ncis	Long					
1	T	(Yes	, no, or unknown)	VER IN U. S. ARMED FO! Iff yes, give wor or dates of t	Hervice)					2 27		ddress			~ 4 4	2.7.0
1	10		No			None		G. Ra	andal	<u>.L Ma</u>	son,	1,00	comol			
	7	1		ATH Enter only one cou		_	-								VAL BETWEE	
		П	5	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Gere	ebral thr	ombos:	18							udde	n
			2000													
			Conditions, if gove rise to imm		Arte	erio-scle	rosis							Y	ears	
			(a), stating the										-			
		8	PART II O	HER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO D	EATH BUT N	NOT RELATED TO	OTHE TERM	NAL DISEAS	E CONDITIO	ON GIV	EN IN PAR	T 1(o) 11	PERFO	AUTOPSY RMED?
	~)	FICATE	Fract	ure of righ	t hip									1	YES 🔀	№ 🗌
	*%.	CERTIFI	20a. EXTERNAL CAPRIMARY ☐ or CO	NUSE WAS 20		ent slipp	Ť						n- di	ah as	1.	
		3	20c. TIME OF INJ	JRY Month, Day, Yea	r 20d. 1			CE OF INJURY	(Home, form	. 20f. (Cit	y or town)			unty)		(State)
	7 2	MEDI	12 nogn	12- 31-19	. White		Hom	ory, street, offic	e bidg., etc.	2 i	comok	8	Word	este	2 Ye	lid.
				that I taak charge					Autans		nspection					find that
				d frame Natural	_	_			Hamicide		ndetermi				, wild ,	1110
				10	_	J'								1-		
	* ;		ACTUAL SIGNATURE	Engl	14	\\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\		M.D.	MEDICAL EX	-				4	DATE S	IGNED
3	3-1	1	EXAMINER'S						ANT MEDIC						*	
3			NAME (Type)		r. L.	D			Y MEDICAL		<u> </u>		1_4_5	7		
		220	BURIAL, CREMATI REMOVAL (Specif	ON, 226. DATE THEREC	i	22c. NAME OF CE	_	-			TION (City.			-	(State	5)
		50	Burial	1-6-57		Stock to:	n M.F	Cemo	terv		ockto		Mary			
	1.	234	EUNIEDAL DIRECTO	17711	cho		omoke	3.6.2	1 ,3 % 1	D BY REGIS	10 5 70	h	STRAR'S SIG	A A	00	
	An	E		1 AND CO	,,,,	FOUL	OWOKE	, Ma.	DATE		DOM	1w	ydr.	de	ciou	rayon
			- U									0	7			V

BUREAU V. S.

TGEL 8 NAL

DECENDED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BUBEAU V. S.

SEEL T MAL



1	After thi	MARYLAND STATE DEPARTME	NT OF HEALTH—BALTIMORE, 18	
S.	co time	1259 CERTIFICAT	o, 2/8/57 bh E OF DEATH Reg. Dist	111218 1. No. 337
1	K ∌≅	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
6	n =	COUNTY WICOMICO MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN [In this place)	CITY (# outside corporate fimits, write RURAL and give net OR	.COMICO
	dire	Town Tyaskin Lifetim HOSPITAL OR INSTITUTION OR STREET ADDRESS	e X TOWN Tyeskin STREET (Il rural give focation)	
	rar will	3. NAME OF (First) (Middle) DECEASED (Type of Print) Minnie Riall	(Lest) Hopkins 4. DATE (Month) OF DEATH Jan.	(Day) (Year) 23 19 57
	the registrar in by the	5. SEX 8. COLOR OR RACE WIDOWED, DIVORCED, (Specify) Widiwed Oct	. 2, 1878 7,8 78 yrs. Megaths	Doys Hours Min.
	with filled remit.	10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife TABLE OCCUPATION (Give kind of work and of work and of working life, even if or INDUSTRY OWN Home	11. BIRTHPLACE (State or foreign country) Maryland 14. MOTHER'S MAIDEN NAME	COUNTRY?
HSTRUCTIONS	an. be fill pletel	Albert Riall 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Martha Davis Riall	
TRUE	ing physician certificate be and complaint and complaint and transfer a burial transfer a burial transfer a complaint and compla	(16 Yes, po, or unk.) (If Yes, give war or dates of service) I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Earl Hopkins, Tyaskir	Maryland INTERVAL BETWEEN ONSET AND DEATH
Z	or attending the death of physician use as a	3/3/ MMEDIATE CAUSE (A) Corelal +	leur ourleage.	3 mio.
	2 2 2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	vois Zueralzel	16 years.
	t to the dead of t	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	velletus.	10 years.
	Itain d The lay ted by should	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (Cou	YES NO
	DIRECTOR: The seembly sho	21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While Not white At work at work	21. HOW DID INJURY OCCUR?	
		22. I hereby certify that I attended the deceased from 19.57 alive on 19.57 and that death occurred a signature	M, from the causes and on the date state ADDRESS (Straet, city, town, state)	
4	S Z 22 2 3	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF	R CREMATORY LOCATION (City, town, or county	1/25/57
3	TO FU certi deat	Burial 1/26/57 Saint Mar; 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE/	ys Cemetery Tyaskin, M	ADDRESS
		DATE DE SULLANDE STATE OF THE PARTY OF THE P	L. V. I Jessey, Bivalv	e naryland



EUREAU V. S.

			MARY	LAND ST	TATE DEPART	MENT OF HEAL	TH-BALT	IMORE, I	8	0121	<u> </u>
	L		. 1220		CERTIFIC	CATE OF DEAT	ТН		Reg. Dist.		337
	1	PLACE OF DEATH o. COUNTY	Wicemico		MARYLAN	2. USUAL RESIDENCE (o. STATE Maj	Where deceased in the control of the	lived. If institute b. COUNTY		before admission i CO	on}
p.		b. CITY OR TOWN (RURAL and give n	If outside corporate limited restrictions of the second se		LENGTH OF STAY IN 1		If autside carpora Len	te limits, write R	URAL and giv	e nearest town)	
de.		d. NAME OF HOSPI OR INSTITUTION	FAL (If not in hospital, g Pen. Get			d. STREET ADDRESS		x# 194)	-	e. IS RESI	
		NAME OF DECEASED (Type or print)	fir NE	TIE	Middle MAE	Lost HURLEY	4. DATE OF DEATH	Mon Jan.	# 26t	Day Y	eor 9 57
	5. :	Female	6. COLOR OR RACE White6	7. MARRIED	NEVER MARRIED [۶ ۱.4	AGE (In years lost birthday)		YEAR IF UNDER	*
1	10a	USUAL OCCUPATE during most of wor House	ON (Give kind of work of king life, even if retired)	done 10b. KIN	D OF BUSINESS OR IN	DUSTRY II BIRTHPLACE (SK	even Flor	ntry)		EN OF WHAT	COUNTR
*	13.	FATHER'S NAME				14. MOTHER'S MAIDE	NAME				
1			e William	_		No Reco					
),	15. (Ye	NO NO	R IN U. S. ARMED FOR Jif yes, give war or dates of a	CES? 16. SOC	TIAL SECURITY NO.	Ar. Clifton Jer Allen, Mar	nes Hurle	ey(Husua Mear Sal	nd) Bo isbury	7# 194	
*			ATH [Enter only one co ATH WAS CAUSED BY:	use per line fo	or (a), (b), and (c).)					INTERVAL DET	
		1714	IMMEDIATE CAUSE (o)	monch	pulmon	201				
		Canditions, if a	DUE TO	. C	nemon	Telso.	1 ch	to the	£	7,	'2
		gove rise to i couse (a), stating lying couse last.	mmediate (•	lung.	ritecto.	<i>77</i>	0030000	2 4 1	7	
Ĵ	CATION			DITIONS CON	TRIBUTING TÓ DEATH I	BUT NOT RELATED TO THE TER	RMINAL DISEASE (CONDITION GIV	EN IN PART I	(a) 19. WAS A PERFOR	MED?
	CERTIFI	206 ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBI	E HOW INJURY OCCU	RRED. (Enter noture of injury	in Parl I ar Parl II	of item 18.)			
	MEDICA	20c. TIME OF INJUS Hour a. jn. p. m.	Y Manth, Day, Yes	While	Not while at work	PLACE OF INJURY IHome, for factory, street, affice bldg.,	erm, 20f. (City o	r łown)	(Co	unty)	(Stote
		21. I cortify th	at I attended the	deceased			1/26	57., 19	,that I la	st saw the c	deceas
		alive on	1138/21	12	, and that de	th occurred at 11:1	5PM, from	the causes a	nd on the	date state	d abo
1	i	ACTUAL SIGNATURE	Ville	//	756	M.D. Medical	·	et, cily ar town, :	Jan.	281	7E SIGN 957
		PHYSICIAN'S NAME (Type)	illiam H.	Fisher	Jr. M.D.	Salisbu	y,Maryle	and			
	220	BURIAL, CREMATIC REMOVAL (Specify)	Jan. 30.19		a. NAME OF CEMETERY	or CREMATORY		on (City, town, o		(State))
- 21		FUNERAL DIRECTOR	S SIGNATURE COMPANY FUI	neral e	ADDRESS	SBURY NO PAGE	Go Wytostav		TRAR'S SIGN	2/00	
	—					T DATE		1/10	Myst.	Nolla	way
									U		

BUREAU V. BY

11		ı		MARYI	AND.	STATE DEPARTM	ENT OF	HEALTH	I-BAI	LTIMORE, 1	8	0.13	2.20
	1	L		12	221	CERTIFICA	ATE OF	DEATH	1		Reg. Dist.	No. , 3	32
d with		T.	PLACE OF DEATH				2. USUAL R o. STATE	ESIDENÇE (Wh	ere deceasi	ed lived. If institution b. COUNTY	n- Residence b	pefare admi	ssion)
		L		comico		MARYLAND		Maryla			Wicom		
be be	, 5	П	RURAL and give		ts, write	c. LENGTH OF STAY IN 16	c. CITY (OR TOWN (If o	ulside corp	orote limits, write RL	JRAL and give	nearest to	vn)
o in d	Eq.	L	Salia	Soury ITAL (If not in hospital, g	ive street	40 yrs.	7.5	Salis	bury				
2 sh 4 2	177		OR INSTITUTION			oooressa	d. SIKEE	ET ADDRESS				e. IS RESIDENCE ON A FARM?	
d na		=	NAME OF	305 Park A		Middle	1	losi	Park 4. DATE				NO T
24 P			NAME OF DECEASED (Type or print)	WADE	B1	HAMPTON	TNST	EY.Sr.	OF DEATH	Mont	n	Day 6	Year 19 57
within Poge		5.	SEX	6. COLOR OR RACE	7. MARE	RIED K NEVER MARRIED	B. DATE OF B		l	9. AGE (In years	IF UNDER 1 YE	EAR IF UN	4.5
S ele			Male	White	WIDOWI			29, 18		lost birthday)	Manths Day	ys Hours	Min,
cute comp		10	during most of wo	ION (Give kind of work of rking life, even if retired) AIICE BLOKET		KIND OF BUSINESS OR INDU				country)	12. CITIZEI	N OF WHA	T COUNTRY?
and o	- 1			ance broker	1	ife-Commercia		Maryl			U.	S.A.	
e be		13	FATHER'S NAME	eorge Dalla	a Ind	t]ev		Susan F		170			
ficol ysici ove	\	15		ER IN U. S. ARMED FOR		•	NFORMANT	busali i	IOT DIIM	Addre			
certi g ph rem 72 hc	`	(r	NO or unknown)	Jif yes, give war or dates of se				Insley	- In			Ma7	المسم
ndin eose hin	L.	F		ATH [Enter only one co	use per lis		Made II.	THOTA	Jr.	Daile	bury,	NTERVAL (ETWEEN
o o de de la composition della		П	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1	1200	milla	- 16	200	ntores	,	ONSET AN	D DEATH
the The		ı	420.1	DUE TO		4	/	10	,				
s the		L	Conditions, if			andere	0 00	Kers	De				
gner			gove rise to couse (a), stating	the under DUE TO									
ond		Z	lying couse lost	. (c.		CONTRIBUTING TO DEATH BUT	NOT BELLTED	TO THE TERM	ALL DISEAS	C COLOTTON ON		120 1111	11170000
The lover physical has be rial-tre	0	CERTIFIC									EN IN PART I(d	PERF	ORMED?
IAN: 1 rending ficate the bu			OR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D (Enter notur	re of injury in F	ort I at Pa	rt 11 of item 18.)			
YSIC r off certi e as		MEDICAL	20c. TIME OF INJU		r 20d. It While	NJURY OCCURRED 20e. PL	ACE OF INJUS	Y (Home, form	20f. (Cit	y or town)	(Cour	niy)	(State)
this this removed		ME	p. m.	19	ot wor	k ol work			<u> </u>				
ingospi ospi fiter od fo		L	21. I certify t	hat I attended the	deceas	ed from	كـ19 ,	4 to_/	- 6	1947	that I last	t saw the	deceased
ENT Be h Poche buri		П	alive on	1-3	125	and that death	occurred	at 7:4	M, from	m the causes a	nd on the		
A ATT d by 1 SECTO be del	,	L	ACTUAL SIGNATURE	- Fleet	20	Justal	M.D. Sal			Maryland	iole)	/-	PATE SIGNED
AL Oracle to prince pri	- 1	L	PHYSICIAN'S NAME (Type)	Dr. Philip	A. I	nsley, 116 fas				44	land		t de la description description de la descriptio
SPTI SPTI		22		ON, 226. DATE THEREO	F	22c. NAME OF CEMETERY O	E CREMATORY	/	228, 1004	TION (City, town, or	county)	[Sid	
Ho Le			BURIAL Specifi	" 1/8/1957		Parsons				alisbury,	Maryl	_ `	
7 - 5	4	23	FUNERAL DIRECTO			ADDRESS		240. REC'U	BY REGIS	TRAR 245. REGIST	TRAR'S SIGNA		
VS A15 (4) 15M 9/55	1.	L	rue HITT	& Johnson C	0.	Salisbury, M	aryland	DATE -	1-5	Mary	IW. H	Hlon	all
			Burge	C. Kuy 2						6			1

TA ...

Z561 8 . t

OB VIBOU

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	01991
	RE)		1999 CERTIFICATE OF DEATH	11 1 3 3 1 it. No. 3 3 2
director		1.	PLACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: desidence of STATE b. COUNTY) b. COUNTY	
uneral Id be fi			ELITY OR TOWN (If autside corporate limits, write RURAL and a RURAL and give negrest town) RURAL and give negrest town)	ive nearest town)
ors offer by the f I 2 shau	e 17		a. NAME OF HOSPITAL (IT not at hospital, give street coldress) OR INSTITUTION Accust of the street of the street coldress of the street of t	e. IS RESIDENCE ON A FARM? YES NO [7]
Z4 hou		3.	NAME OF First Middle Last 4. DATE Month/ OF DECEASED (Type or print) Middle Last 1. DATE Month/	19 Year 1957
detery		5.	The state of the s	1 YEAR IF UNDER 24 HRS Days Hours Min
exacule id camp in poper deoth.	1	100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITI guryag most of working life, eyen if retired)	ZEN OF WHAT COUNTRY?
icion and ecropon s offer de	9	13	FATHER'S NAME William H Willed Monace The Hodge	· /
certific ng phys remov 72 hour	2		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or detect of services) Address Address	isel House
e deoth offendi n please within			18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CONGESTIVE HEART FAILURE	INTERVAL BETWEEN ONSET AND DEATH
that the by the t. The			Conditions It can which	
equires n. signed il permi			gove rise to immediate cause (a), stating the under- DUE TO CHRONIC NEPHRITIS - UREMIA.	
e faw r physicia as been of-trans		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 443 X	1 (a) 19. WAS AUTOPSY PERFORMED? YES NO T
ending ficate hi the buri		CERTIFIC	20g ACCIDENT WAS UNDERLYING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 8 or Part 18 of item 18.)	
Philysical or other or other or other or		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Have a. jr. While Not white of work	ounty) (State)
hospital Affer I Affer			21. I certify that I attended the deceased from 4/16, 1955, to 1/65, to 1/65, to 1/65, that I alive on 1/19/57, 12, ond that death occurred at 1200 AM, from the causes and on the	ast saw the deceased
d by the ECTOR. SECTOR. or to be	1		ADDRESS (Street, city or town, state)	P/5') DATE SIGNED
retaine RAL DIS should			PHYSICIAN'S O. J. Burton, M. D., 211 Maryland Ave., Salisbury	, ^K d.
Page 3	4	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (Elty, town, or county) SHERICAL (Specify) 1/2/57 HELLING GENETICS OF CEMETERY OF CEMETE	(State)
VS A15 (4) 15M 9/55		27.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE TO PATEL -23-59 Mary W.	HAFLOWALL
		77		

BUTEAU V. E.

SZEL NO MAL

FUREVU V. &

7261 88 NAL, C.

BECEINED

S. NAME OF STRING MANORA ALICE JUSTS OF THE MANOR Day Veor TO JUSTS OF THE MANOR DAY TO THE STRING DAY THE WIDOWED DIVORCED JUNE 3, 1898 S. SEX ACCION OF RACE 7. MARRED NEVER MARRED S. DATE OF BIRTH Female White WIDOWED DIVORCED JUNE 3, 1898 100. USUAN OCCURRENTIAN Give that of work done of working life, warn if the work done of working life, work are done of working life, work are done of working life, social security no life. MOTHERS MAIDEN NAME Will lam James Toadwine Clark Market Deve to work done of working life, social security no life. Social security no life work done of working life, warn if working life, social security no life. Social security no life work done of working life, warn if working life, social security no life. Social security no life work done of working life, social security no life. Social security no life work done of working life, social security no life. Social security no life work done of working life work done of working life. Social security no life life life life life. Social security life life life. Social security life life life. Social security life. Social secu	PLACE OF DEATH		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO)RE, 18	01223
D. COUNTY Wichited B. CHICK ROWN (If outside composed limits, write BURAL and give nearest lown) B. CHICK ROWN (If outside composed limits, write BURAL and give nearest lown) B. CHICK ROWN (If outside composed limits, write BURAL and give nearest lown) B. CHICK ROWN (If outside composed limits, write BURAL and give nearest lown) B. CHICK ROWN (If outside composed limits, write BURAL and give nearest lown) B. CHICK ROWN (If outside composed limits, write BURAL and give nearest lown) B. CHICK ROWN (If outside composed limits, write BURAL and give nearest lown) B. CHICK ROWN (If outside composed limits, write BURAL and give nearest lown) B. CHICK ROWN (If outside composed limits, write BURAL and give nearest lown) B. CHICK ROWN (If outside composed limits, write BURAL and give nearest lown) B. CHICK ROWN (If outside composed limits, write BURAL and give nearest lown) B. CALS (If you for If outside limits) B. DATE OF BIRTH B. CALLER OF BURAL AND DOWN (If outside the outside burden) B. DATE OF BIRTH B. DATE OF B	COUNTY Wichmide Marriad County Wichmide Wich	- [1224 CERTIFICATE OF DEATH	Reg. Dist.	No. 321
Salisbury O. NAME OF HOSPITAL (If not in hospitol, give street oddress) O. NAME OF HOSPITAL (If not in hospitol, give street oddress) O. NAME OF MINITURION Pen. G. D. HOSPITAL If not in hospitol, give street oddress) O. NAME OF GON A NAME OR AGAIN THE MANORA AUCUST JUSTIS S. SKR C. COLOR OR RACE T. MARRED DIVER MARRIED D. DUFORCED D. DUROR OF BIRTH D. DUROR J. J. 1888 O. OLOR OR RACE T. MARRED DIVER MARRIED D. DUROR J. J. 1888 O. OLOR OR RACE T. MARRED DIVER MARRIED D. DUROR J. J. 1888 O. OLOR OR RACE T. MARRED DIVER MARRIED D. DUROR J. J. 1888 O. OLOR OR RACE T. MARRED DIVER MARRIED D. DUROR J. J. 1888 O. OLOR OR RACE T. MARRED DIVER MARRIED D. DUROR J. J. 1888 O. OLOR OR RACE T. MARRED DIVER MARRIED D. J. J. S. SALISBURY D. J. J. S. SALISBURY D. J. J. J. S. SALISBURY D. J.	RURAL ord give received found) Salisbury A NAME OF HOSPITAL (if not in beapied, give street oddress) ON HOSPITAL (if not in beapied, give street oddress) A STREET ADDRESS TO HOSPITAL (if not in beapied, give street oddress) A STREET ADDRESS TO HOSPITAL (if not in beapied, give street oddress) A STREET ADDRESS TO HOSPITAL (if not in beapied, give street oddress) A STREET ADDRESS TO HOSPITAL (if not in beapied, give street oddress) A STREET ADDRESS TO HOSPITAL (if not in beapied, give street oddress) A STREET ADDRESS TO HOSPITAL (if not in beapied, give street) A STREET ADDRESS TO ASTREET ADDRESS A STREET ADDRESS TO ASTREET ADDRESS TO ASTREET ADDRESS TO ASTREET ADDRESS A STREET ADDRESS TO ASTREET	- T	and the settle	COUNTY	•
OR INSTITUTION Pen. Gen. Hospital 312 E. Villiam St ON. AAMORA ALICE JUSTIS ONLY JAMES DE DESCRIBE HOW INJURY OCCURRED ONLY JAMES DE DESCRIBE HOW INJURY OCCURRED To USUAL OCCUPATION (Cive kind of work dome lost, spin of work) ODE TREATH VILLIAM SELECTION OF WHAT COUNTY ODE TREATH ONLY JAMES SIGNIFICANT OF THE TERMINAL DISEASE CONDIVON GIVEN IN PART 1(a) 19 SALE (IN your INFUNDER YEAR) FUNDER YEAR IN FUNDER YEAR OF WHAT COUNTY ODE TREATH JEWINES TO ADVISE DE VINCE DE JUNG SELECTION OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Steller or koreign county) 12. CITIZEN OF WHAT COUNTY ODE TREATH JEWINES TO ADVISE DE VINCE DE JUNG SELECTION OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Steller or koreign county) 13. ANTHERS NAME VILL AND THE STANDAR TO ADVISE DE VINCE DE JUNG SELECTION OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Steller or koreign county) 15. CAUSE OF DEATH (Enter only one course per line for (c), fp), and (c). PART I. DEATH WAS CAUSED BY: OTHERS NAME OF A THE STANDAR SELECTION OF SELECTIO	OR INSTITUTION Pen. Gon. Hospital 312 E. William St VON AFAMA North NAME OF DECRASED MANORA ALICE JUSTIS ORAM JANUARY SOUTH JUSTIS ORAM JANUARY SOUTH JOHN JANUARY SOUTH JOHN JANUARY SOUTH SERVE MARKED NAME OF DETH DOY YEAR PENALE ORAM White Widowed To Divorced Divorced Juna 3, 1888 No. 1888 No. 1888 Penale No. USLAN OCCUPATION [Give kind of work deen] 10b. KIND OF BUSINESS OR INDUSTRY [I). Bistriplace (speed or foreign country) Operator & Conner of Justis Admirhant House R.D. # Saliabury, Md. U.S.A. II. MOTHERS MANDEN William James Toadwine II. MOTHERS MANDEN NAME VIII am James Toadwine II. MOTHERS MANDEN NAME VIII am James Toadwine II. MOTHERS MANDEN NAME VIII am James Toadwine III. Secretary III. Cause of Death (seed only the course per lime for (s), (p), and (c). PART I. DEATH WAS CAUSED (s) PART I. DEATH WAS CAUSED (s) ONE TO WAS AUTOPORT (s), and the death of the course of the medicine could (s), solid the speed of the course of the course of solid the course		RURAL ond give neorest town)	ts, write RURAL and give	nearest town)
DECEASED TO DEATH TANUARY TO SET T	DECEASED The print of the prin	82	OR INSTITUTION	n St	e. IS RESIDENCE ON A FARM? YES NO
DIVORCED June 3, 1888 68 71. 100. USIAN OCCUPATION (Give bind of work done) 100. KIND OF BUSINESS OR INDUSTRY IN BIRTHPLACE (State or foreign country) Operator & Cwner of Just's Adertment House Rade Rade William Jemes Toadvine Villiam Jemes Toadvine Villiam Jemes Toadvine Is. MAS DECRASED EVER IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO If the Northern Many of the Many of State	TENDAL OCCUPATION (fige hind of week does) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 106. USUAL OCCUPATION (fige hind of week does) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 112. CHIZEN OF WHAT COUNT (DIRTHPLACE) 113. FATHER'S NAME Will are James Toadvine Will are James Toadvine Will are James Toadvine 114. MOTHER'S MAIDEN NAME Will are James Toadvine Will are James Toadvine Will are James Toadvine It is MAS DECEASEDERER IN U. S. ABARD PORCESS 16. SOCIAL SECURITY NO IT IN INFORMATION IN IT IN INTERVAL BETWEEN CONSTITUTION OF IT IN IT	3	DECEASED MANAGED AT TOPS		
January Janu	during most of working life, even it refired) Departor & Cwner of Just's Apertment House R.D. & Saliabury, Md. U.S.A. 13. FATHER'S NAME William James Toadvine II. MOTHER'S MAIDEN NAME William James Toadvine Clara Emily Brown II. Bradley (Sistem) Office of the course of the original office of (o), (b), and (d) 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (d)) PART I. DEATH WAS CAUSED BY. DUE TO Conditions, if any, which gove rise to immediate to use of the course (o), doining the under the under the course (o), doining the under the under the under the course (o), doining the under	5			
William James Toadvine Clara Emily Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 16. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if eny, which gove rise to immediate couse (c), stoling the under loud. (c) PART II. OTHER SIGNIBLEANT CONDITIONS CONTRIBUTING (G) DEATH BLU NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPS OR CONTRIBUTION CONTRIBUTION COURSED WHILE DEATH CONTRIBUTION COURSED WHILE COURSE COURSED WHILE COURSE	William Jemes Toadvine Clara Emily Brown S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO If ye, on whichers If ye, on which ye or does of service) If ye, on which ye or does of service 16. SOCIAL SECURITY NO II. CAUSE OF DEATH [Enter only one coure per line for (c), (t)), and (c).] PART I. DEATH WAS CAUSED BY. DUE TO Conditions, if any, which gove rise to immediate DUE TO Lying course lost. PART II. OTHER SIGNIBECANT CONDITIONS CONTRIBUTING of DEATH BL.) NOT RELATED SO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIBECANT CONDITIONS CONTRIBUTING of DEATH BL.) NOT RELATED SO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIBECANT CONDITIONS CONTRIBUTING of DEATH BL.) NOT RELATED SO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIBECANT CONDITIONS CONTRIBUTING of DEATH BL.) NOT RELATED SO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIBECANT CONDITIONS CONTRIBUTING of DEATH BL.) NOT RELATED SO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIBECANT CONDITIONS CONTRIBUTING of DEATH BL.) NOT RELATED SO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIBECANT CONDITIONS CONTRIBUTING of DEATH BL.) NOT WHILE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIBECANT CONDITIONS CONTRIBUTING of DEATH BL.) 20c. TIME OF INJURY Month, Day, Year Odd. INJURY OCCURRED TO THE TERMINAL DISEASE CONDITIONS (Caunity) (Stephen Contributions) of Work of W	\/	Operator & Cyner of Justis Apartment House R.D. # Salisby		¥
B. CAUSE OF DEATH [Enter only one couse per line for (o), (\$\text{i}\$), and (c).] PART I. DEATH WAS CAUSED BY. DUE TO DUE	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY O O O O O O O O O O O O O O O O O O	٠/ L	William James Toadvine Clara Emily Brown		
PART I. DEATH WAS CAUSED BY. DUE TO Conditions, if any, which gove rise to immediate course of the property	PART I. DEATH WAS CAUSED BY DUE TO DUE TO Conditions, if any, which gove rise to immediate course (a), storing the under lying course (a), storing the under lying course lost. PART II. OTHER SIGNIBRANT CONDITIONS CONTRIBUTING (DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOP PERFORMED ON CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOP PERFORMED ON CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOP PERFORMED ON CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOP PERFORMED ON CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOP PERFORMED ON CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOP PERFORMED ON CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOP PERFORMED ON CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOP PERFORMED ON CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOP PERFORMED ON CONTRIBUTION OF THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEASE CONDITI		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO IT. INFORMANT Mrs. Irma M. Bradley(Sist	er) P.D.#]	ı
gove rise to immediate couse (a), stoing the under (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (a) 20a. ACCIDENT WAS UNDERLYING (a) 20a. ACCIDENT WAS UNDERLYING (a) 20a. ACCIDENT WAS UNDERLYING (b) 20a. ACCIDENT WAS UNDERLYING (c) 20a. ACCIDENT WAS UNDERLYING (c) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part for Port II of item 1B.) 20c. TIME OF INJURY Menth, Day, Year 20d. INJURY OCCURRED (Stoffice) bidg., etc.) 20c. TIME OF INJURY Menth, Day, Year 20d. INJURY OCCURRED (Stoffice) bidg., etc.) 21. J certify that I affended the deceased from (a) 21. J certify that I affended the deceased from (b) ACTUAL SIGNATURE (Type) Dr. Rufus S. Gardner Jr. 220. BURIAL (CREMATION, 22b. DATE THEREOF) (Stoff) 220. NAME (Type) (Stoff) 220. BURIAL (CREMATION, 22b. DATE THEREOF) (Stoff)	gove rise to immediate couse (a), stoting the under tying couse lost. PART II. OTHER SIGNIBIONIT CONDITIONS CONTRIBUTING (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPERFORMED? YES FT NO CONTRIBUTING CONTRIBUTING CONTRIBUTING (a) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPERFORMED? YES FT NO CONTRIBUTING CONTRIBUTING CONTRIBUTING COURRED (Enter noture of injury in Part for Part 11 of item 18.) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURRED (Renter noture of injury in Part for Part 11 of item 18.) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURRED (Renter noture of injury in Part for Part 11 of item 18.) 20a. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Stefans) (City or town) (County) (Stefans) (County) (Stefans) (County) (Stefans) (County) (Stefans) (County) (Stefans) (County) (Stefans) (County) (County) (County) (Stefans) (County) (Count		PART I. DEATH WAS CAUSED BY: ODUE TO A OD OD OD OD OD OD OD OD OD		INTERVAL BETWEEN
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part for Port 31 of item 18.) 20c. TIME OF INJURY Month, Day, Year 19 of work 19 of	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part Yor Port II of item 1B.) 20c. TIME OF INJURY Month, Day, Year 19 Old work Not white Not white Not work of		gove rise to immediate couse (a), stating the under lying couse lost. DUE TO Paraylessura Dawicular Had	Ly Cordia	11
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of two w	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of two will politically be a ji. p. m. 19 While of work of two wor	2.	13 Kung obscess left beline		(a) 19 WAS AUTOPS PERFORMED? YES TO NO
Hour a. ji. p. m. 19 While Not while foctory, street, office bldg., etc.) 21. I certify that I affended the deceased from 1907, to 130 1957, that I last saw the deceased alive on 1907, and that death occurred at 1907 1907, to 1907, that I last saw the deceased alive on 1907, and that death occurred at 1907 1907, to 1907, that I last saw the deceased alive on 1907, and that death occurred at 1907 1907, to 1907, that I last saw the deceased alive on 1907, to 1907, to 1907, to 1907, that I last saw the deceased alive on 1907, to 1907, to 1907, that I last saw the deceased alive on 1907, to 1907, to	Hour a. ji. p. m. 19 While of work foctory, street, office bldg., etc.) 21. I certify that I affended the deceased from				
alive on	alive on		Hour a. js. While Not while foctory, street, office bldg., etc.)	, (Cao	(3101
PHYSICIAN'S Dr. Rufus S. Gardner Jr. Salisbury Maryland 220. Burdanion, 22b. Date Thereof 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote)	PHYSICIAN'S Dr. Rufus S. Gardner Jr. Salisbury Maryland 220. BURIAL, CREMATION, 226. DATE THEREOF PARSONS CREMETERY OR CREMATORY REMOVAL ISPACING TO BY REGISTRAR 124. RESOLUTION (City, fown, or caunty) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 124. RESOLUTION (City, fown, or caunty) 240. REC'D BY REGISTRAR 124. RESOLUTION (CITY)		alive on 1/30 19 57, and that death occurred at 7' 53P M, from the control of the	causes and an the	
270. BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote)	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL Specify Fob. 2, 1957 PRISONS COLLECTY Solisbury, Lightland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	1	SIGNATURE CALCULATION SEA DEVISION SE.		Feb 1st-1
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REC'D BY		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (CI		(State)

BUREAU V. Z.

2961 **v** 835

DESENDED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01224

CERTIFICATE OF DEATH

	, 1260 CERT	FICATE	OF DEA	Reg. D	ist. No. 337
	1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEA	
	COUNTY Wicomico	MARYLAND	STATE Marv	land county Wi	comico
	CITY (If outside corporate limits, write RURAL OR and give nearest town)	ENGTH OF STAY	CITY (If outside corpo	prate limits, write RURAL and give	nearest town)
	Town Tvaskin	(in this place) Lifetia	OR TOWN TITE	raskin	
1	HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural giva tocation	on)
	3. NAME OF (First) (Midd DECEASED (Type or Print)	·	(Lest)	4. DATE (Month) OF DEATH T	(Day) (Yaer)
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED.	La rmo		୍ ଅଷ୍ଟ	n. 25 19 57 DER 1 YEAR HE UNDER 24 HRS.
	RACE WIDOWED DIVORCE	ED.		Month	s I Days Hours I Min.
	H'emale White (Specify) Divo	reed 2/2'	7/1877	79 yrs. 11	12. CITIZEN OF WHAT
1	done during most of working life, even if OR INDI	ISTRY			COUNTRY?
4	House work Own H	ome I	Maryland 1 14. MOTHER'S MAIDEN		U.S.
	A				
	George E. Larmore 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO.	17. INFORMANT 8		
3	(Yes, no, or unk.) (If Yes, give war or detes of service)		P. INIONISKI U.	ADDRESS	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	6. MEDICAL CER	TIFICATION		INTERVAL BETWEEN ONSET*AND DEATH
	LA . / IMMEDIATE CAUSE (A)	te Cont	runsy Obel	DELSLIAL	2 Vous.
	ANTECEDENT CAUSE(S) DUE TO	. O O C	Rateriana	0	1/7 (Las A)
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		AT WILL THE	COUBLA!	10 3000
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
	19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF C	PERATION			20. AUTOPSY?
3					YES NO
	216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, far OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)	bldg., etc.)	He. WHERE DID INJURY OCCU	R? (City or town) (C	ounty) (Stata)
	21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21a. INJU While M. at work (RY OCCURRED Not while at work	21f. HOW DID INJURY OCCU	R?	
	22. I heraby certify that I attended the deceased	from 5/19	19:50 to 11	7.5 1957 tha	t I last saw the deceased
1	alive on 125 , 19.7 , and that			causes and on the date st	
WO	SIGNATURE	~		RESS (Street, city, lown, state)	DATE SIGNED
55 1	tuling of Dounds	M.D.	nau beath	e. Wod.	1/20/50
A15C 1-55 10M	23. BURIAL, CREMATION, DATE THEREOF N REMOVAL (SPECIFY)	AME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or cou	inty) (Slate)
	Burial 1/27/57	Tyaskin Co	emetery	Tyaskin	warvland
> >	24. REGISTRAR 195 REGISTRAR'S SIGNATURE	2/00	28 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
	DATE Mary of	Hellaway	A.J. Will	escup Bival	ve. Maryland

WAR THE

15

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1225 CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH		2. USUAL RESIDE	ICE (HOME) OF DECEASE	D
COUNTY Y/EUMICO	MARYLAND	STATE MARY	LANDOUNTY W/	COMICO
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (if outside corpo	rate limits, write RURAL and give ne	earest lown)
OR and give neerest town) TOWN SPLISDURU	(in this place)	XTOWN D	FI MADP	
HOSPITAL OR	1 4 17 KJ.	STREET	(if rure) give location	1
INSTITUTION OR		ADDRESS	(in rate) give location	
STREET ADDRESS PONTINGULA GO	NERAL HUSIAI	ルピー 人	FD	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print) HOWARD JA	MEC N) Add ox	DEATH TANK	DDU7 .57
5. SEX 6. COLOR OR 7. SINGLE, MA	RRIED, B. DATE C	21 71 71 71	9. AGE last birthdey IF UNDI	R 1 YEAR THE UNDER 24 HR
RACE WIDOWED,	DIVORCED;	1660	Months Months	Days Hours Min.
MALE White (Specify)	ARRIEDIT	6-1887	Ø / yrs.	
	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT
	1LROAD	DAICOMIC	O COUNTY	USA
13. FATHER'S NAME	72110710	14. MOTHER'S MAIDEN		9 0 7 .
	Day	OAFILL		_ , ,
GEORGE M. MAD		OLEVIA	CAMPB	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service)	716-01-942	V RERT/	E A.MADD	WY-DFL/YA
	18. MEDICAL CEI	RTIFICATION	.,.,.,.	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	3.2	102.1	_/	ONSET AND DEATH
A IMMEDIATE CAUSE (A)	Myo Carde	al TV scele	7	4-liseus
ANTECEDENT CAUSE(S) DUE TO 4	_10.	/ /	-10 2 1	, (
DISEASES OR CONDITIONS, IF ANY, (B)	Hero selu	Dru Calan	as Eluandiais	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION			20, AUTOPSY?
				YES NO
		21c, WHERE DID INJURY OCCU	R? (City or town) (Cor	unity) (Stete)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY STYCE (IF EITHER, NOTIFY MEDICAL EXAMINER)	et, office bidg., etc.)			
	10. INJURY OCCURRED	21. HOW DID INJURY OCCU	R?	
	Yhile Not while twork st work			
22. I hereby certify that I attended the de-	1-7	105/ 1./~	1 105711	11 . 4 1
alive on, 19, a	nd that death occurred at		tauses and on the date stat	
SIGNATURE CONTRACTOR	4	C / NDB	RESE (Strant, city, town, stele)	DATE SIGNED
Willia Clas	(M. D.	Jakes	rieu, MU	1-1/3/
23. BURIAL, CRIMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City lown, or count	ly) (Stele
BURIAL 1-16-195	7 41 X RM	-	MULIMA	NOID
24. REC'D BY REGISTRAR - REGISTRAP'S SIGNATU	RE /	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
I AN I 1951 Oh	N. 2100	10 h	10.0	and 10 6
DATE!	W. INOS SAILAN	1115 111120	~1V (20 - JULK	may Just

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after-death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

A NOTING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be exithe bottom copy may be retained by the hospital or attending physician.

uted within 24 hours after deal

· CALEDIA

EUREAU V. S.

this this MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 death.-After 012261226 CERTIFICATE OF DEATH Reg. Dist. No..... L PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECRASED Mary LAND COUNTY Worce STUP
(If outside corporeta limits, write RURAL and give nearest town) (If outside corporate limits, write RURAL MARYLAND 72 hour LENGTH OF STAY OR TOWN OR TOWN end give manrest town) lin this place) days HOSPITAL OR STREET INSTITUTION OR STREET ADDRESS **ADDRESS** within General Hospita] (Middla) (Last) 4. DATE (Dey) (Year) DECEASED registrar (Type or Print) DEATH 19 ピグ SINGLE, MARRIED, IF UNDER 24 HRS 9. AGE last birthdey IF UNDER 1 YEAR WIDOWED, DIVORCED, Months V (Specify) Widowed May **2**.**9** 10b. KIND OF BUSINESS 100, USUAL OCCUPATION (G.ve kind of work 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, evan if OR INDUSTRY **COUNTRY?** rellrad) Housewife Virginia USA filed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME completely Lenox Ailsworth Mary Ann Lang FUNERAL DIRECTOR: The law requires that the death certificate be certificate has been executed by the attending, physician and compledeath certificate assembly should be detached for use as a burial transition. The law requires that or attending physician, 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. Mrs Rena Jackson, Girdletree, M. (Yes, no, or unk.) (N Yes, give wer or dates of service) None I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH attending physician stached for use as a un Lacutur IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a, DATE OF OPERATION 20. AUTOPSY? 196, MAJOR FINDINGS OF OPERATION YES 🔲 NO NO 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21s. WHERE DID INJURY OCCUR? (City or town) TO FUNERAL DIRECTOR: The 21b. PLACE (Home, farm, factory, (County) (State) OF INJURY street, office bldg., etc.! (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 21s. INJURY OCCURRED 211. HOW DID INJURY OCCUR? (Yaar) While Not while at work et work bottom copy alive on 1/15 , 19.57, and that death occurred at 1.55 A.M. from the causes and on the date stated above. 1-55 10M² ADDRESS (Streat, city, town, state) BURIAL, CREMATION, LOCATION (City, town, or county) MAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) Burial Nelson Cemetery tery Ruse 25 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR'S SIGNATURE 24. REC'D BY REGISTRAR DATE

BUREAU V. A.

Seel 18 MA

DECENA EU

this MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 After ö CODY CERTIFICATE OF DEATH death. Reg. Dist. No. D hours after 完 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY WURCESTER Vica Mureo COUNTY MARYLAND 72 hour director, (If outside corporete limits, write RURAL LENGTH OF STAY (Il outside corporate limits, write RURAL and give necrest town OR and give nearest town) (In this place) OR TOWN TOWN HOSPITAL OR STREET (if rurel give location) INSTITUTION OR STREET ADDRESS **ADDRESS** within funeral (Middle) 3. NAME OF (Lost) DATE (Month) (Day) (Year) DECEASED registrar (Type or Print) rhe The NER. 20 19.5 COLOR OR 5. SEX SINGLE, MARRIED, DATE OF BIRTH AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS <u>ک</u> WIDOWED, DIVORCED, RACE Months Deys Hours SEPT. 2.5 MALE 18 Æ.⊆ 10e. USUAL OCCUPATION (Give kind of work CITIZEN OF WHAT 106. KIND OF BUSINESS 11. BIRTHPLACE (Stelle or foreign country) filed filed done during most of working life, even if OR INDUSTRY COUNTRY? permit. USA HOUSE WIFE MARYLAND Pel: 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME completely DRYDEN MRY ANN 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. death certificate (If Yes, give wer or dates of service) burial ADGIA S COMOKE 0 NONE and INTERVAL BETWEEN 8. MEDICAL CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ri physician Hamore hage IMMEDIATE CAUSE 000 DUE TO law requires that the cby the attending phy uld be detached for use ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 🗔 NO 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH The certificate assembly shoul 21b. PLACE (Home, larm, fectory, 21c, WHERE DID INJURY OCCUR? (City or town) (County) (Stete) OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: Ś (Doy) 21s. INJURY OCCURRED 21d. TIME OF INJURY (Month) (Year) 21f. HOW DID INJURY OCCUR? (Houri While Not while et work at work 22 that I last saw the deceased, 19., 19.2......, and that death occurred at, FUNERAL ¥01 ADDRESS (Street, city, town, state) bottom certificate BURIAL, CREMATION eath CATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) '-5 CEMETER 24. REC'D 8Y REGISTRAR STRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE

BEVN A. Z.

Z961 88 NV.

ECEINEU.

hours ofter death.' Page

within 24

Z .V UAZA

7201 88 M

TE CEINEL

INDING PHYSICIAN OR HOSPITAL:

VS A15C 1-55 10M-

121

CERTIFICATE OF DEATH 1229

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY 1 C C M 1 C C MARYLAND	STATE MARY AND COUNTY WORCESTER.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
TOWN SALISBURY 3 Weeks	TOWN SNOW HILL
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	CSADDRESS TAG FENERAL ST.
ILIUTUS OF FALTE IDENAL TIESPITAL	O COENTE GIT
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Year)
(Type or Print) WILLIAM Samuel PA	RSONS, DEATH SANGARY 26 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED	
MALE WHITE Specify Single With 18	-1811/ 1914/8 - 400-
	11. BIRTHPLACE (Stell or foreign country) 12. CITIZEN OF WHAT COUNTRY?
And diving man of working this, even if OR ANDUSTRY	Swoullill mal
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Glooko o M. Janans	Colincipate Cartolilar
15. WAS DECEASED, EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	172 ISFORMANT & ADDRESS
(Yes, no, by yek.) (II Yes, give war or detes of service)	There belief the human Sune Will Mo
18. MEDICAL CER	TIFICATION / INTERVAL BETWEEN T
I DISPASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) SPRILLO	hul Houth La source unknown
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST, DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION I 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSYR
198, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	YES I NO IX
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, 2	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
While Not while	If, HOW DID INJURY OCCUR?
M. st work L et work L	
22. I hereby certify that I attended the deceased from 1-4-5	
alive on	M. from the causes and on the date stated above.
SIGNATURE (1)	ADDRESS (Street, city, town, stele) DATE SIGNED
100 eller - Eller F. M.D.	Jalestellen Will. 1-26-51
23. AUDAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	LOCATION (City, towy), or county) (Steta)
Turial Jan 29/57 Whatleout	united Snoulfell, mg
24. REC'D BY REGISTRAR Y REGISTRAR'S SIGNATURE	25/ ELINERAL DIRECTOR'S SIGNATURE ADDRESS
omi. 110 6 3 1291 Mary St. Holloways.	Clayo Dimmer Smouldelles MIG
	C /



	LACE OF DEATH		<i>)</i>			2. USUAL RESIDENCE (V	/here deced			before adm	ilision)
		Wicomic		MARY	rland	o STATE Haryl	and	b. COUNT	Wicon	nico	
b.	CITY OR TOWN (If a	outside corporate Smits, writi-	RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (II	autside co	porote limits, write	RURAL and gi	ve neorest to	own)
		Salisbur	cy			XO Rural	Sal	isbury (Walsto:		
d	. NAME OF HOSPITA	L OR INSTITUTION (f not in hosp	pital, give street addres	38)	d. STREET ADDRESS				e, IS I	RESIDENC
	R.D.#	Sallebury	(Wals	ton)		R. D.	- 3			YES [] NO [
3	VAME OF DECEASED Type or print)	Fir ANT	HONY	Middle GOLDSBOR	OUGH	PERDUE	4 DATE OF DEATH	JANU		,	Year 1957
5. SI	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D 🔲 8.	DATE OF BIRTH		9. AGE (in years lest birthday)	IF UNDER TY	~~~~	
	Male	White	WIDOWED	DIVORCED		March 33, 18	79	77 yn.	Months Do	ys Hours	Min.
loo.	USUAL OCCUPATION	N (Give kind of work	done 10b. K	IND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (State	or foreign	country)	12. CITIZEI	N OF WHAT	COUNT
Q.		Retired)		Farming				Maryland		USA	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	IAME				
	John Jame	es Perdue				Hester B	nnis				
		R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT N. Ke	11011	Dorrach Address		Cox	ey A
	Unk	in hard flags and on our mores as			MI B	Sali	sbury	Maryland		Ueil	Oy n
	IB. CAUSE OF DEAT	H [Enter only one cas	se per line l	or (a)[b) and (c).]	-		0			INTERVAL BETY	VEPN HATH
	PART I, DEATH	Y WAS CAUSED BY:		Coror	~~	m Orce	lus		1	- Le	Xi
	420.0	DUE TO	***************************************	0 0		10 -	7	0 0	1-		
				hito.	Special Control of the Control of th	() V _ 3		he wast c	lane and	- Jer	سرس
	Conditions, it en	y, which } p _b y				1 X Rever	- And Contract of		O- C-		
-	Conditions, if en gave rise to immedi	ote cause (a service		0,001 0	0-0-1	//	
		ote cause (Jelev .					
NOI	gave rise to immedi (o), stating the un couse lest.	nderlying DUE TO		NTR.BUT.NG TO DEAT	H BUT N	OT RELATED TO THE TERM	NAL DISEA:	SE CONDITION GIV	VEN IN PART I	PERF	ORMED?
FICATION	gave rise to immedi (a), stating the <u>u</u> cause last. PART II. OTHI	ote cause DUE TO (c) ER SIGNIFICANT CON	DITIONS CO						VEN IN PART I	(a) 19. WAS PERFYES T	ORMED?
Œ. [gave rise to immedi (a), stating the <u>u</u> cause last. PART II. OTHI	ote cause DUE TO (c) ER SIGNIFICANT CON	DITIONS CO			OT RELATED TO THE TERM			VEN IN PART I	PERF	ORMED?
CERT.FI	gave rise to immeditely, stating the uncourse lest. PART IN OTHING 290. EXTERNAL CAUSE PRIMARY OF CONCAUSE OF DEATH.	ore couse DUE TO (c) ER SIGNIFICANT CON SE WAS TRIBUTING []	DITIONS CO	HOW INJURY OCCUI	RRED. (En	aler noture of injury in Por	I I or Port I	l of item 18.)		YES	ORMED? NO E
CERT.FI	gave rise to immedity to the state of the st	ER SIGNIFICANT CON SE WAS TRIBUTING Month, Day, Yee	b. DESCRIBE	HOW INJURY OCCUI	RRED. (En		1 ar Port		VEN IN PART I	YES	ORMED?
CERT.F1	gave rise to immedity to the state of the st	one couse DUE TO (c) ER SIGNIFICANT CON SE WAS TRIBUTING	DITIONS CO	HOW INJURY OCCURNING PARTY OCCURNING PARTY OCCURNING PARTY OF THE PARTY OF THE PARTY OF THE PARTY OCCUPANT OF THE PARTY OF THE PARTY OCCUPANT OF THE PARTY OCCUPANT OF THE PARTY OCCUPANT OCCUPA	RRED. (En	ler noture of injury in Por E OF INJURY (Home, forn ry, street, office bldg., etc	20f. (Cit	I of item 18.) by or town)	(Count)	YES T	ORMED? NO 12
CERT.F1	gave rise to immedi (o), storing the uncouse lest. PART IR. OTHI 290, EXTERNAL CAUSE PRIMARY OF CAUSE OF DEATH. 200, TIME OF INJUR Hour a. m. p. m. 21, I certify the	one couse DUE TO (c) ER SIGNIFICANT CON SE WAS TRIBUTING 12 Y Month, Day, Yee 19 at I took charge	b. DESCRIBE 20d. H While of wo	NJURY OCCURRED 2 NOT white all work and work are all work are are all work are all work are are all work are	RRED. (En	E OF INJURY (Nome, formy, street, office bldg., etc.	20f. (Cit	y or town)	(County	YES	ORMED? NO V
CERT.FI	gave rise to immedi (o), storing the uncouse lest. PART IR. OTHI 290, EXTERNAL CAUSE PRIMARY OF CAUSE OF DEATH. 200, TIME OF INJUR Hour a. m. p. m. 21, I certify the	one couse DUE TO (c) ER SIGNIFICANT CON SE WAS TRIBUTING	b. DESCRIBE 20d. H While of wo	NJURY OCCURRED 2 NOT white all work and work are all work are are all work are all work are are all work are	RRED. (En	E OF INJURY (Nome, formy, street, office bldg., etc.	20f. (Cit	I of item 18.) by or town)	(County	YES T	ORMED? NO 12
CERT.F1	gave rise to immedi (o), stating the wiccouse lest. PART IR. OTHI 290, EXTERNAL CAUSE PRIMARY or CAN CAUSE OF DEATH. 20c. TIME OF INJUR Hour a. m. p. m. 21. I certify the death resulted	one couse DUE TO (c) ER SIGNIFICANT CON SE WAS TRIBUTING 12 Y Month, Day, Yee 19 at I took charge	b. DESCRIBE 20d. H While of wo	NJURY OCCURRED 2 NOT white all work and work are all work are are all work are all work are are all work are	RRED. (En	E OF INJURY (Home, form ry, street, office bldg., etc. re, held an Autaps, ide , Hamicide	20f. (Gif	I of item 18.) by or town) Inspection XI. Indetermined o	(County	YES T	ORMED? NO 12
CERT.FI	gave rise to immedi (o), storing the uncouse lest. PART IR. OTHI 290, EXTERNAL CAUSE PRIMARY OF CAUSE OF DEATH. 200, TIME OF INJUR Hour a. m. p. m. 21, I certify the	one couse DUE TO (c) ER SIGNIFICANT CON SE WAS TRIBUTING 12 Y Month, Day, Yee 19 at I took charge	b. DESCRIBE 20d. H While of wo	NJURY OCCURRED 2 NOT white all work and work are all work are are all work are all work are are all work are	RRED. (En	E OF INJURY (Home, form ry, street, office bldg., etc. re, held an Autaps., ide , Hamicide	20f. (City), U	I of item 18.) Ty or town) Inspection XI. Indetermined of	(County	YES T	(State
ű.	gave rise to immedi (o), stating the uncouse lest. PART II. OTHI 290. EXTERNAL CAUSE PRIMARY OF CON CAUSE OF DEATH. 20c. TIME OF INJURY Hour o. m. p. m. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S	DUE TO (c) ER SIGNIFICANT CON SE WAS TRIBUTING Y Month, Day, Yee 19 at I took charge from: Natural	b. DESCRIBE 20d. H While of wor	NJURY OCCURRED Not while all work mains described Accident	RRED. (En	E OF INJURY (Home, form ry, street, office bldg., etc., held an Autaps.; ide, Hamicide, ASSISTANT MEDICAL EXAMPLE OF THE PROPERTY OF	206. (CIII) 206. (CIII) Y , U CAMINER CALEXAMIN	I of item 18.) Ty or town) Inspection X, Indetermined of	(County)	YES T	(State
MEDICAL CERT.FI	gave rise to immedi (o), stating the uncouse lest. PART III. OTHI 200. EXTERNAL CAUSE PRIMARY OF CON CAUSE OF DEATH. 20c. TIME OF INJURY Hour o. m. p. m. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) DE	ote couse DUE TO (c) ER SIGNIFICANT CON SE WAS TRIBUTING Y Month, Day, Yee 19 at I took charge from: Natural	b. DESCRIBE 20d. H While of wor af the r causes	NJURY OCCURRED Not white all work and	RRED. (En	E OF INJURY (Home, formy, street, office bldg., etc. re, held an Autaps ide, Hamicide	20f. (CIII)	I of item 18.) Inspection X Indetermined of	(County) cause .	YES TO PERF	(State find t
MEDICAL CERT.FI	gave rise to immedia (o), storing the uncouse lest. PART IR. OTHING PART IR.	DUE TO (c) ER SIGNIFICANT CON SE WAS TRIBUTING 20 Y Month, Day, Yee 19 at I took charge fram: Natural C Earl L. 1, 226. Date Thereo.	DITIONS CO b. DESCRIBE 20d. H While of wor couses Royer	NJURY OCCURRED NJURY OCCURRED Not while of work Accident Accident	RRED. (En	E OF INJURY (Home, formy, street, office bldg., etc. re, held an Autops. ide, Hamicide	22d, LOCA	I of item 18.) Inspection X. Indetermined of the control of the co	(County) Jano	Y) PERF. YES And DATE	(State stocked)
MEDICAL CERT.FI	gave rise to immedia (o), stating the uncouse test. PART IR. OTHING THE CAUSE OF DEATH. 20c. TIME OF INJURY Hour a.m. p. m. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL CREMATION	DUE TO (c) ER SIGNIFICANT CON SE WAS TRIBUTING Y Month, Day, Yee 19 at I took charge fram: Natural C Earl L. 1, 22b. Date Therec Jan. 20.	DITIONS CO b. DESCRIBE 20d. H While of wor couses Royer	NJURY OCCURRED Not white all work and	RRED. (En	E OF INJURY (Home, formy, street, office bldg., etc. /e, held an Autaps. ide, Hamicide	20f. (CIII)	I of item 18.) Inspection [X]. Indetermined of ER [] EX [] ATION (City, town,	(County) cause .	yes PERF. YES PATE	(State state

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

delay is necessary, please exert director. Rage 4 should be

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is neces a certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the first of director. For add to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 1 with the registrar prior to 1.

or remayal.

VS. A15ME(5)

5M 9/55

byfiol, cremotion,



BUREAU V. E.

	1		MARY	LAND	STATE DEPARTA	MENT OF HEALT	H-BALT	IMORE, 18	3	1231
M	L		126	2	CERTIFIC	ATE OF DEAT	Н		Reg. Dist. No.	337
	I.	PLACE OF DEATH o. COUNTY	Wicomico		MARYLAND	2. USUAL RESIDENCE (W	_	lived. If institution b. COUNTY	Residence before	· ·
		b. CITY OR TOWN (RURAL and give n		ils, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpora	ate limits, write RUI	RAL and give neare	st tawn)
	-	4 NAME OF HOSPI	Hebron TAL (If not in hospital,	nius street	address)	Hebr	on			
00	L	OR INSTITUTION	Main St	Aine meat	oderess	/ d. Sikeri Address	St		"	IS RESIDENCE ON A FARM? YES NO K
	3.	NAME OF DECEASED (Type or print)	F SEN	rst ERA	Middle BELITHA	loss PHILLIPS	4. DATE OF DEATH	Month JAN	,	Year
	5.	SEX	6. COLOR OR RACE		EIED NEVER MARRIED	B. DATE OF BIRTH			20th	19 57 F UNDER 24 HRS.
		Female	White	WIDOWI	ED DIVORCED	March 15,19	J8	48 yrs	Months Doys	Hours Min
	100	USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (Stote	or foreign cou	intry)	12. CITIZEN OF	WHAT COUNTRY
1	L	Operator		1	ants Factory	Laurel,		e	US	A
1)	13.	FATHER'S NAME Fredrick	B. Joseph			14. MOTHER'S MAIDEN Hattia		200		
_/	15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES7 16.		INFORMANT		Addres	15	
0	Į16	NO NO	(If yes, give war as dates of	service}	, h'	ir.Guss A. Phi Hebro	illips() n. Mar		Main St	
			ATH [Enter only one c	ouse per	ne for (o). (b), and (c)	0	61		INTER	VAL BETWEEN
			TH WAS CAUSED BY: IMMEDIATE CAUSE (cure ju	emoron	car	va/	ON SE	AND DEATH
	L	153X	DUE TO	, A	分,(末)	ephitis				
	L	Conditions, if a gove rise to i	mmediate [)//	7007	10 / /:	1 00			
	L	tying cause last.	the under-	, 10	roma of	Artestron	gyra	cr		
. 1	NO.	PART II. OTI	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH &	T NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1(o) 19.	WAS AUTOPSY PERFORMED?
U	12	00 + CC(DC) CI	long	Tan. 224					У	ES NO TT
	CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	200. DESI	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part I or Part I	l of item 18.)		
	MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye			LACE OF INJURY (Home, for sciency, street, affice bldg., et	m, 20f. (City o	r town)	(County)	(Stote)
	MEC	Hour a. j p. m	work 18	While at work		Actory, sireer, drike blag., en	7. m			
		21. I certify th	of lattended the	deceos	ed from XOn.	12 19 1 10st	NY 21	19 7	that I lost sow	the decease
	П	alive on	J. 10	, 12]_	, and that deat	h occurred at 2:00				
,	L	ACTUAL	18 Anis	Tors	- la Mas	10001		et, city or town, sh	ole)	2/ DATE SIGNE
/	П	SIGNATURE	7	7	1	M.D(Offic	.е.)		JBB	1957
		PHYSICIAN'S DE	r. Vernon (. ST/	tznagle M.	D. Mardel	a, Mary	land	· ·	
	220	BURIAL, CREMATIC REMOVAL (Specify)			22c. NAME OF CEMETERY		22d. LOCATIO	ON (City, town, or	county)	(Stote)
£.	23.	FUNERAL DIRECTOR	L Jan. 23.	.957	Odd Fellow ADDRESS		Laur		AR'S SIGNATURE	
. 34				HERAL	HONE - SALIS		U O O 4	17 7 m	AK S SIGNATURE	101
						371	44	130 F/	1	many
									11	- //

BUREAU V. E.

KRU - NA

DEALESEN

death.

9

RECEIVED

Tager 8 NAL

BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 1231 Reg. Dist. No. directar, be filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **6. COUNTY** MARYLAND Wicomico Marvland Wicomico death. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Salisbury Salisbury d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO. Peninsula Gemeral Hospital <u>648 S</u> Salisbury Blyd NAME OF First Middle 4. DATE Lost Month Day Year DECEASED OF DEATH REIGART HENRY (Type or print) RIDER 1957 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Main Hours Male White DIVORCED [7] WIDOWED | June 22.1893 popers. yrs. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? death. Newspaper puo Distributor Maryland corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 72 hours efter physicion Henry Rider Catherine Fessler гетоме 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address No Mrs. R.H.Rider. Same 18. CAUSE OF DEATH [Enter only one cause per line for (p), (b), pad (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** gub Conditions, if ony, which gove rise to immediate **DUE TO** coese (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 0 YES 🔳 NO 🗌 2002. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 1B.) 20c. TIME OF INJURY Month, Day, 20e. PLACE OF INJURY (Home, form, 20f. (City or Jown) Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I ottended the deceased from 10/15 /33_ , 19____, to_ olive on 1.12 ond that deoth occurred ot____£1_M, from the couses ond on the date stated obove. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Salisbury. Maryland SIGNATURE ੲ RAL E Dr. Andrew C.Mitchell, 211 Maryland Ave., Salisbury, NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)
Burial Wicomico Memorial Park Salisbury, Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Hill & Johnson Co. Salisbury, Maryland VS A15 (4) 15M 9/55 normant. Baker



BUREAU V. E.

hours ofter deoth?

within

BUREAU V. K.

-.4.7 red terri Extract Conson togital 4% January . Frank 143

BUREAU V. S.

TEUL ES NA.

\$ 34

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

TCCI 81 NA



1				MARYLANI	STATE DEPARTM	NENT OF HEALT	TH-BALTIN	ORE, 18	0	1237
		l		1935	CERTIFIC	ATE OF DEAT	ſΗ	R	eg. Dist. No.	332
Page /	(12	1	PLACE OF DEATH D. COUNTY	icomico	MARYLAND	2. USUAL RESIDENCE (b. COUNTY		e admission)
r death: funeral uld be fi	M	1	b. CITY OR TOWN (IF RURAL ond give ne-	markida managanta limita maita		c. CITY OR TOWN (I	f outside corporate l	imits, write RUR	icomico Al ond give neo	rest town)
hours after death: Page in by the funeral directa and 2 should be filed wi	6	-	d. NAME OF HOSPITA	AL (If not in hospital, give stree	· · · · · · · · · · · · · · · · · · ·	Salisbury d. STREET ADDRESS	-1-33- 04			e. IS RESIDENCE ON A FARM?
hours d in by ond 2	*	3		nsulan General	Middle	last	4. DATE OF DEATH	* 5 Month	Do	
S S S		5	(Type or print)	ELIZABETH	TILGHMAN RRIED NEVER MARRIED	SMACK B. DATE OF BIRTH		T. Ha veers HE	UNDER LYEAR	9 19 57 IF UNDER 24 HRS.
pletely irs. P.			Female	White WIDON	WED TO DIVORCED	Mar. 5,1986		st birthdoy) W	lonths Days	Hours Min.
execute and company of pope death.	- 1		House Wi		b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (SIO)	U.S.A	F WHAT COUNTRY
te be tan ar carbo after		1	3. FATHER'S NAME	P 1982 78 3		14. MOTHER'S MAIDEN				
physic mave hours		1	5. WAS DECEASED EVER	I. Tilghman I IN U. S. ARMED FORCES? 10	6. SOCIAL SECURITY NO. 17.	Mary Co.	Llins	Address		
ding 1			NO			s. Irma Tilg	hman, Same	•		
that the death certificate by the attending physician 1. Then please remave ca y event within 72 haurs of	<i>p</i>		PART I, DEAT	TH [Enter only one couse por TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	and tor (o), (b) and (c).	Kurrely	126		INTE	AVAL BEHWEEN
that in the transfer of the tr	7	1	Conditions, if an	DUE TO	1					
equires in. signed it permits		ľ	gove rise to in couse (o), stating t lying cause lost.	nmediote (
e law r physicia as been al-trans	٥	204		ER SIGNIFICANT CONDITIONS	SCENTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL PISEASS CO	ADITION GIVEN	IN PART 1(0) 15	PERFORMED?
AN: The		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	20a. ACCIDENT WAS	S UNDERLYING 206. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIME HOW INJURY OCCURR	D. (Enter noture of injury i	n Port t or Port tt o	item 1B.)		
HYSICI I ar atte tis certif use as i matian,		1000	20c. TIME OF INJURY Hour o. p.	Whit		LACE OF INJURY (Home, factory, street, office bldg., e	irm. 20f. (City or to	wn)	(County)	(Stole)
aspita fier the id far		ľ		attended the deced	used from 12/5	1956, ta	1/19	., 157.	hat I last sa	ıw the deceased
TEND the h DR: A Stocke		1	alive on	12	3 7, and that death	h accurred at	ADDRESS Street	couses and	on the dat	le stated above
ed by RECT be d	1		ACTUAL SIGNATURE	XX [[[]3ea	udsees	M.D. Sall	abece	Med	(121/57
TAL C retain AL Di shavld trar p			PHYSICIAN'S DE	. Earl Beardsl	Ley,207 Marylan	d Ave., Sali	sbury, Mar	vland		//
Toosal Services	.1	2	20. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, town, or c		(State)
5 5 T	7	2	3. FUNERAL DIRECTORS	1/21/57 S SIGNATURE	Parsons Cem		C'D BY REGISTRAR	24b REGISTR	yland ar's signatur	E . A
VS A15 (4) 15M 9/55			The Hill &	Johnson Co. S.	alisbury, M ryl		1-2057	mary	W. TH	Clonay
				Morman T.	Baker			1		

BUREAU V. B.

idi es nal

DECENAED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No

IS RESIDENC ON A FARM? YES NO F Day Year 19 57 IF UNDER I YEAR IF UNDER 24 HRS Days Hours 12 CITIZEN OF WHAT COUNTRY USA INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (Stote) (County) Jan. 2 1957 that I last saw the deceased _, and that death accurred at 10:15AM, from the causes and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED Deer's Head State Hospital 22d. LOCATION (City, town, or county) 245 PEGISTRAR'S SIGNATURE DATE

SECELVERY RAL

BUREAU Y. R.

41			MARY	AND STA	TE DEPARTA	NENT OF HE	ALTH	I—BAL	IMORE,	18	ı,	1990
13			12:	217	CERTIFIC	ATE OF DI	EATH	1		Reg. Dis	t. No.	337
/	1	PLACE OF DEATH D. COUNTY	Wicomico		MARYLAND	2 USUAL RESIDE 0. STATE MA	nce (wh		l lived. If institut b. COUNTY			Imission) Anne ¹ S
		Salisbur	y, Mayyland	1 4	mo. 29 day	s Che	ster		rate limits, write l	RURAL ond g		
9!		d. NAME OF HOSPI OR INSTITUTION	Deer's Hea			d. STREET ADI	nk nk					RESIDENCE IN A FARM? S NO
	1	NAME OF DECEASED (Type or print)	Dorot	hy	Mae Mae	Smith		4. DATE OF DEATH	Jan.		21	Year 19 57
	E	'emale	6. COLOR OR RACE White	WIDOWED [DIVORCED [8. DATE OF BIRTH June 13		J9	9. AGE (In years lost birthdoy) 47. yrs	Months Months	$\overline{}$	INDER 24 HRS.
_1		HOUL	ON (Give kind of work or rking life, even if retired) SEWLIE	dane 10b. KIND C	of Business or Indi Ink	ISTRY 11. BIRTHPLAC	aryla	or foreign co and	untry)		ZEN OF W	HAT COUNTRY
1)	13.	FATHER'S NAME	Alpheus A	ndrews		14. MOTHER'S M			Magnes			
	1\$. (Ya	was deceased evi	ER IN U. S. ARMED FORI (If yes, give wor or dotes of se	CES? 16. SOCIAL	security NO. 17	informant Hospita	al Re	ecords		Salist	oury,	Md.
			ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		-	carcinoma	tosi	S			INTERVA ONSET	L BETWEEN
		170X Conditions, if c	DUE TO	Ca.	of breast	, 3					2 y	ears
		gave rise to couse (a), stating lying couse lost.	the under-)			.=					
0	CATION		HER SIGNIFICANT CON	DITIONS CONTRIB	BUTING TO DEATH BU	T NOT RELATED TO TI	HE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART	PE	AS AUTOPSY REORMED?
	CERTIFI	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH AMEDICAL EXAMINER)	206. DESCRIBE H	OW INJURY OCCURR	D. (Enter nature of i	njury in P	art I or Part	II of item 18.)			
	MEDICAL	20c. TIME OF INJUI Hour d. j., p. m.	RY Month, Day, Yea	1	ot while	ACE OF INJURY (Ho actory, street, affice b	me, farm, ldg., etc.	20f. (City	or town)	(0	ounty)	(Stote)
		21. I certify the	hat I attended the		m Aug. 83,	, 19.56	to Ja 7:101	an 21,	19. <u>57</u>	,that I is	ast saw (he decease
1		ACTUAL SIGNATURE	to Ma	edue.	, one man again			ADDRESS (Sh	reet, city or town, Jan.	state)		DATE SIGNE
		PHYSICIAN'S NAME (Type)	L. V. Mal	dve, M.D).			ry, Md				
	220	BURIAD CREMATIC REMOVAL (Specify	DN. 225. DATE THEREO	/	NAME OF CEMETERY	OR CREMATORY		22d JOCAT	ION (City, town,	or county)	7	State)
3/4	23	FUNERAL DIRECTOR	r's pignatiure	Churc	h Hice	mul.	40. REC'E	BY REGISTI	TAR QUI PRE	STRAR'S SIG	NATIONE AD	llagon
1, ,										1		/

guneau y. s.

YSST DO NA.

即小一

01240

	V
COUNTY WIGOM 100 MARYLAND	STATE DELAWAP GOUNTY SUSSEY
CITY (If ourside corporate limits, write RURAL LENGTH OF STAY	CITY (R outside corporete fimits, write RURAL end give nearest town)
OR and give nearest town) TOWN C 7	OR TOWN D E 1 M 11 10
SHLISDURY	ULLINI
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
STREET ADDRESS TONINGUI A GONDER 12 1 HAS INT	TO RADA
3. NAME OF (First) (Muddle)	(Lest) 4. DATE (Month) (Dey) (Year)
DECEASED	Short TANILOGUES -2
(Type or Print) EtheL	JIM 1 7 1 1 1 3 /
5. SEX 6 COLOR OR 7. SHYSLE, MARRIED, 8. DATE O	
FOMALO White (Specify) MARRIED (-1	10-1883 73 yrs. Months Days Hours Min
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired ATHOME HUME	DELMAR - DEL. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSIAH RENIVEY	MAGGIE STRMAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, ng, or unk.) (If Yes, give wer or deles of service)	ICHAS V. SMITH- DELMAR-DE
10. MEDICAL CER	RTIFICATION STERVAL SETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Vyocad	110 masch acule 10down
IMMEDIATE CAUSE (A)	
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
	YES NO 2
21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	21f, HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the deceased
alive on 17. 2	12.55.1.M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
Willow B. GOVID TO MO.	Taliphillip, Nd, 1-13-51
23. BURIAL, GREMATION, DATE THEREOF INAME OF CEMETERY OF	CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	
BURIAL 1-1,6-1957 MT, OLI	VE DELMAR-DEL
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
1 1 7 1057 /n. 2 21 0.	ary and all and holder of the



BURE IN K. E.

P 22 4			1239	CERTIFICA	ATE OF DEAT	Н	Reg. Dist. N	· 25
M	1.	PLACE OF DEATH			2. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: Residence be	fore admission)
	1	o. COUNTY Wicomi	co	MARYLAND	o. STATE Maryland	ь. сс	Somerset.	
		b. CITY OR TOWN (If outside	de corporate limits, wr	ite c. LENGTH OF STAY IN 16		outside corporate limits,		earest town)
		RURAL and give mearest to Salisbury		19 Yrs.	/9-37 3 Cris	Mald.		
~,		d. NAME OF HOSPITAL (IF	not in hospital, give st	reet oddress)	d. STREET ADDRESS			e. IS RESIDEN
1			Parsons Ho					YES NO
	3.	NAME OF DECEASED	First	Middle	lost	4. DATE	Month [Day Year
		(Type or print)	MYRA		STERLING	OF DEATH	1	25 1957
	5.	SEX 6. CO	DLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In lost birth		R IF UNDER 24
		Female	White WID	OWED DIVORCED 🔲	Oct.22.1866	90	hdoy] Months Doys	Hours M
	100	. USUAL OCCUPATION (Gr	ve kind of work done	106. KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN	OF WHAT COU
- /		House W		Own Home	Maryla		U.S	.A.
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN			
		Leonard St.	erling		Elona Cul'	l.en		
•		WAS DECEASED EVER IN U	. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT		Address	
0		NO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None Re	ecords John B	. Parsons He	ome, Same	
			inter only one couse p	er line for (a), (b), and (c).	. 0	Α.	IN	TERVAL BETWE
		PART I. DEATH WA	AS CAUSED BY:	101	1 111		01	ASEL MIAN DEW
		IMME	DIATE CAUSE (a)	(Admin at Lloga A	o Corner	2 X Albert	111	
		PART I. DEATH WA		Gioria albres	e Colum	2 Salura	all	
		450.0	DUE TO	Jimes albert	e Colum	- Salur		
		450.0 Conditions, if any, wi gove rise to immedi	DUE TO (hich (b)	Jimeraline	e evelue	2 Xelen		
		450.0 Conditions, if any, wi	DUE TO (b) (b) DUE TO	Simualhue	e Weller	2 Selene		
	NO	Conditions, if any, wi gove rise to immediately to immediately the unity of the uni	DUE TO (b) iote der- DUE TO (c)	INS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERM	INAL DISEASE CONDITION	ON GIVEN IN PART 1(a)	19 WAS AUTO
	CATION	Conditions, if any, wi gove rise to immediately to immediately the unity of the uni	DUE TO (b) iote der- DUE TO (c)	INS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERM	SINAL DISEASE CONDITION	DN GIVEN IN PART 1(a)	19 WAS AUTO PERFORMEE YES NO
_	TIFICATION	Conditions, if any, we gove rise to immedicate (a), stating the unitying couse lost. PART II. OTHER SIC	DUE TO (b) iote der: DUE TO (c) SHIFICANT CONDITIO	DESCRIBE HOW INJURY OCCURRE				PERFORME
^	CERTIF	Conditions, if any, wi gove rise to immediately to immediately the unity of the uni	DUE TO (b) iote der: DUE TO (c) SHIFICANT CONDITIO					PERFORME
^	CAL CERTIF	Conditions, if any, wigove rise to immedicate (a), stoting the unitying course lost. PART II. OTHER SIC 200 ACCIDENT WAS UNE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC 20c. TIME OF INJURY Medic	DUE TO (c) CONIFICANT CONDITION DERLYING (C) SUSE OF DEATH AL EXAMINER) Onth, Doy, Year 20	DESCRIBE HOW INJURY OCCURRED 20e. P.	D. (Enter nature of injury in	Port I or Port II of item		PERFORMED YES NO
^	CAL CERTIF	Conditions, if any, wigove rise to immedicate (a), stating the unitying couse lost. PART II. OTHER SIC 200 ACCIDENT WAS UNE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC 20c. TIME OF INJURY Model of the control of t	DUE TO (c) DUE TO (c) DERLYING DUSE OF DEATH AL EXAMINER) DOTAL EXAMINER	DESCRIBE HOW INJURY OCCURRED Od. INJURY OCCURRED for this Not while	D. (Enter nature of injury in	Port I or Port II of item	18.)	PERFORMEE YES NO
^	CERTIF	Conditions, if any, wigove rise to immedicate (a), stoting the unitying course lost. PART II. OTHER SIC 200 ACCIDENT WAS UNE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC 20c. TIME OF INJURY Modern of the course of the cour	DUE TO (b) iote der DUE TO (c) GNIFICANT CONDITIO DERLYING LUSE OF DEATH AL EXAMINER) onth, Doy, Year 20 19 others of Death Office o	DESCRIBE HOW INJURY OCCURRED Dd. INJURY OCCURRED Thile Not while of work of the of work of the occurrence of the occurre	D. (Enter nature of injury in ACE OF INJURY (Home, farr clary, street, office bidg., et	Port I or Port II of item n, 20f. (City or town)	(County	PERFORMEE YES NO
	CAL CERTIF	Conditions, if any, wigove rise to immedicate (a), stoting the unitying couse lost. PART II. OTHER SIGNATURE OF CONTRIBUTING CARRIED	DUE TO (b) iote der DUE TO (c) GNIFICANT CONDITIO DERLYING LUSE OF DEATH AL EXAMINER) onth, Doy, Year 20 19 others of Death Office o	DESCRIBE HOW INJURY OCCURRED Dd. INJURY OCCURRED Work of work 20e. Pl for work of work 20e. Pl for work	ACE OF INJURY (Home, farriclary, street, office bidg., et	Port I or Port II of item n, 20f. (City or town)	(County)	PERFORME YES NO
	CAL CERTIF	Conditions, if any, wigove rise to immedicate (a), stoting the unitying course lost. PART II. OTHER SIC 200 ACCIDENT WAS UNE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC 20c. TIME OF INJURY Modern of the course of the cour	DUE TO (b) iote der DUE TO (c) GNIFICANT CONDITIO DERLYING LUSE OF DEATH AL EXAMINER) onth, Doy, Year 20 19 others of Death Office o	DESCRIBE HOW INJURY OCCURRED Dd. INJURY OCCURRED Work of work 20e. Pl for work of work 20e. Pl for work	D. (Enter nature of injury in ACE OF INJURY (Home, farr clary, street, office bidg., et	Port I or Port II of item 1. 20f. (City or town) 1. AM, fram the cau	(County) 956, that I last is	PERFORME YES NO
	CAL CERTIF	Conditions, if any, wigove rise to immedicate (a), stoting the unitying course lost. PART II. OTHER SIC 200 ACCIDENT WAS UNE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC 20c. TIME OF INJURY Modern o.m. p. m. 21. I certify that I alive an	DUE TO (b) iote der DUE TO (c) GNIFICANT CONDITIO DERLYING LUSE OF DEATH AL EXAMINER) onth, Doy, Year 20 19 others of Death Office o	DESCRIBE HOW INJURY OCCURRED Dd. INJURY OCCURRED Work of work 20e. Pl for work of work 20e. Pl for work	D. (Enter nature of injury in ACE OF INJURY (Home, far colory, street, office bidg., et, 19, 1a	Port I or Port II of item 20f. (City or town) AM, fram the cat ADDRESS (Street, city or	(County 956, that I fast : Uses and an the di	PERFORMEE YES NO NO NO NO Saw the decoate stated a
^	CAL CERTIF	Conditions, if any, wigove rise to immedicate (a), stoting the unitying couse lost. PART II. OTHER SIGNATURE OF CONTRIBUTING CARRIED	DUE TO (b) iote der DUE TO (c) GNIFICANT CONDITIO DERLYING LUSE OF DEATH AL EXAMINER) onth, Doy, Year 20 19 others of Death Office o	DESCRIBE HOW INJURY OCCURRED Dd. INJURY OCCURRED Work of work 20e. Pl for work of work 20e. Pl for work	D. (Enter nature of injury in ACE OF INJURY (Home, far colory, street, office bidg., et, 19, 1a	Port I or Port II of item 1. 20f. (City or town) 1. AM, fram the cau	(County 956, that I fast : Uses and an the di	PERFORMEI YES NO N
	CAL CERTIF	Conditions, if any, wi gove rise to immedicate (a), stating the unitying couse lost. PART II. OTHER SIC 200 ACCIDENT WAS UNEOR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC 20c. TIME OF INJURY Mohour o.m. p.m. 21. I certify that I a alive an accident an accident acci	DUE TO (c) CONFICANT CONDITION DERLYING (C) CONFICANT CONDITION DERLYING (C) CONFICANT CONDITION DERLYING (C) CONFICANT CONDITION DERLYING (C) CONFICANT CONDITION OUT (C)	DESCRIBE HOW INJURY OCCURRED M. INJURY OCCURRED for work of work 1925, and that death	ACE OF INJURY (Home, far. clory, street, office bldg., et accurred at 2:20 M.D. Salisbu	Port I or Port II of item 20f. (City or town) AM, fram the cau ADDRESS (Street, city or	(County 956, that I fast : Uses and an the di town, stote)	PERFORME YES NO
^	MEDICAL CERTIF	Conditions, if any, wigove rise to immedicate (a), stoting the unitying couse lost. PART II. OTHER SIC 200 ACCIDENT WAS UNK OR CONTRIBUTING CA (IF EITHER, NOTHEY MEDIC 20c. TIME OF INJURY Modern o. m. p. m. 21. I certify that I alive an actual signature PHYSICIAN'S NAME (Type) Dr.	DUE TO (c) CONFICANT CONDITION DERLYING (C) CONFICANT CONDITION DERLYING (C) CONFICANT CONDITION DERLYING (C) CONFICANT CONDITION DERLYING (C) CONFICANT CONDITION OUT (C)	DESCRIBE HOW INJURY OCCURRED Thile Not while for work of work	ACE OF INJURY (Home, farrictory, street, office bidg., et accurred at 2:20 M.D. Salisbur Lsion St., Sa	Port I or Port II of item 20f. (City or town) AM, from the cau ADDRESS (Street, city or ry, Marylance Lisbury, Mar	(County 926, that I last uses and an the distribution, stotel town, st	PERFORME YES NO (S) Sow the decorate stated a DATE S 1/57
	MEDICAL CERTIF	Conditions, if any, wigove rise to immedicate (a), stoting the unitying couse lost. PART II. OTHER SIC 200 ACCIDENT WAS UNK OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC 20c. TIME OF INJURY Modern of the control of	DUE TO (b) (c) DUE TO (c) DERLYING [] (use of Death AL EXAMINER) onth, Doy, Year 20 19 outlended the decountry Fred Grams	DESCRIBE HOW INJURY OCCURRED Od. INJURY OCCURRED Thile Not while of work of the work of work of the	ACE OF INJURY (Home, form clory, street, office bidg., et accurred at 2:20 M.D. Salisbur Lsion St., Sa	Port I or Port II of item 20f. (City or town) AM, from the cat ADORESS (Street, city or Marylance Lisbury, Mar 22d. LOCATION (City.)	(County) 926, that I fast itses and an the distribution, stotel 1 1 1 1 1 1 1 1 1 1 1 1 1	PERFORMEE YES NO
	MEDICAL CERTIF	Conditions, if any, wigove rise to immedicate (a), stoting the unitying course lost. PART II. OTHER SICE 200 ACCIDENT WAS UNE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC 20c. TIME OF INJURY More Hour o.m p.m. 21. I certify that I alive an	DUE TO (b) (c) CONIFICANT CONDITION CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL	DESCRIBE HOW INJURY OCCURRED Thile Not while for work of work	ACE OF INJURY (Home, far. clory, street, office bldg., et accurred at 2:20 M.D. Salisbu Lsion St., Salisbur CREMATORY	Port I or Port II of item 20f. (City or town) AM, from the cat ADDRESS (Street, city or ry, Maryland lisbury, Maryland 22d. LOCATION (City. Crisfield	(County) 926, that I fast it isses and an the distribution, stotely it is a state of the county	PERFORMER YES NO (Sometimes of the state of
1	WEDICAL CERTIF	Conditions, if any, wigove rise to immedicate (a), stoting the unitying couse lost. PART II. OTHER SIC 20c. ACCIDENT WAS UNE OR CONTRIBUTING CONTR	DUE TO (b) (c) DUE TO (c) DERLYING [] (USE OF DEATH AL EXAMINER) Onth, Doy, Year 20 19 outlended the decomplete of the complete of t	DESCRIBE HOW INJURY OCCURRED Od. INJURY OCCURRED Thile work of work of twork of twork of twork of two death Description of the death Description of the death Description of two death Description	ACE OF INJURY (Home, far. clory, street, office bldg., et accurred at 2:20 M.D. Salisbu Lsion St., Salisbur CREMATORY	Port I or Port II of item 20f. (City or town) AM, from the cat ADORESS (Street, city or Marylance Lisbury, Mar 22d. LOCATION (City.)	(County) 926, that I fast it isses and an the distribution, stotely it is a state of the county	PERFORMER YES NO (Sometimes of the state of

ikin k &:

7201 88 NAU



VS A15C 1-55 10M --

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01242

1240 CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
1	
COUNTY WIED CD	STATE Many COUNTY DAMER SET
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corporate fimits, while RURAL and give nearest town)
OR and give negret town) (in this elect)	OR O
TOWN S) Light Wat	TOWN PRANCES A ROOM & 12. 15
HOSPITAL OR	STREET [H rurel give tocetion]
INSTITUTION OR	ADDRESS (I I I I I I I I I I I I I I I I I I
STREET ADDRESS 120 STUDIES HOSPITT	1 Kod 56 DD +2.
7. The second se	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Yaar)
(Type of Print) - AKKACA . [.]	DEATH anuany 29-1957
The state of the s	
5. SEX 6. COLOR OR SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
□	A WY 371057 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPUACE (State or torsign country) 12. CITIZEN OF WHAT COUNTRY?
retired)	
	maryland U.S. /+
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	loss al t
	MARCHA STRANGOLL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS
(Yes, no, or unk.) (Il Yes, give wer or detes of service)	V V
18. MEDICAL CER	TIFICATION INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Man Torre	I a Vii no
MMEDIATE CAUSE (A)	33337
ANTECEDENT CAUSE(S) DUE TO	Λ
DISEASES OR CONDITIONS, IF ANY, (B) CONCUSTALL QU	Lemo- and alertasis
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATITO CHOSE EAST.	· · · · · · · · · · · · · · · · · · ·
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ne usor kea
TO THE DEATH BUT NOT RELATED TO THE	0 40
DISEASE OR CONDITION CAUSING DEATH.	of tenare of Marker
19e, DATE OF OPERATION J. 19b, MAJOR FINDINGS OF OPERATION	U 20. AUTOPSY?
The minor monds of orthanol	YES NO 17
21a. ACCIDENT WAS UNDERLYING ☐ 21b PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., atc.)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	EN. HOW DID MIJURY OCCUR?
While Not while	IN HOR DID HOUSE OFFICE!
M. el work L at work	
0.011 - 0.01 +	10 E7 . In . 30 to E7
22. I hereby certify that I attended the deceased from	, 19
alive on	
SIGNATURE	ADDRESS (Street, city, lown, state) A DATE SIGNED
	1.0 1 No. 1 7 Kulous
William I, I organ M.D.	salistrary, Md 18/15'
23. BURIAL, CREMATION, DATE THEREOF \ NAME OF CEMETERY OR	CREMATORY (City, town, or county) (Staté)
REMOVAL (SPECIFY)	De nes la p D D D D
Cremation 11/31/2/ Cenam Sul	# Llever V Joseph ADVistan Md -
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS
1-21-14 7	The state of the s
DATE / 2/3/ / 1/2/1/ /07/1/2//	The What we was 19 The as

BUREAU V. E.

77 A 1957

· · · · ·

1241 CERTIFICATE OF DEATH

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the filing copy of this death certificate assembly should be detached for use as a burial transit permit.

ARENDING PHYSICIAN OR HOSPITAL: The law requires that the death captificate be earlied to be compared by the hospital or attending physician.

NSTBUCTIONS

cuted within 24 hours after death.

ı	I. PLACE OF DEATH	A. OSOAL RESIDENCE (NOME) OF DECRASED
	COUNTY WICOMICO MARYLAND	STATE DELAWARE COUNTY SUSSEX.
1	CITY (If outside corporate fimits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give neetest town) OR
,	OR end give necest town) TOWN SALISDURU (In this place)	TOWN DOLMAR.
	HOSPITAL OR	STREET (If rural give location)
,	INSTITUTION OR C	ADDRESS DYDL =
1	STREET ADDRESS PENINSULA GENERAL HOSPITA	L RYDTL
	3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) Th
	(Type or Print) TARRENT	TAKES. DEATH PANGARY 5 1924.
ŀ	S. SEX 6. COLOR OR 1 7. SHIGHE, MARRIED, 8. DATE O	
d	DACE WINDWED DIWGGGG	Months Deys Hours Min.
1	MALE WHITE GREATH MARRIED 9-	6-1/04 3 2 ya.
H	1De, USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stelf or foreign country) 12. CITIZEN OF WHAT COUNTRY?
П	refired) EXTERMINATOR RODENT	CUMBERLAND- MD USA
	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
1		
ı	JOSEPH H. STORES	MARGARET RICKNOR
1	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
ጎ	(Yes, ng, or unk.) (If Yes, give wer or detes of service)	NARIE STOKIES - DELMAR-DEL
	18. MEDICAL CER	TIFICATION INTERVAL BETWEEN
ı	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	1 IMMEDIATE CAUSE (A) Degravties et	othe blurger (archeen I day a
		11.
	DISEASES OR CONDITIONS, IF ANY, (8)	Lesser Vin Clinter and
	GIVING RISE TO THE ABOVE CAUSE	
	STATING UNDERLYING CAUSE LAST. DUE TO	- Chillian Sta
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING)	
	TO THE DEATH BUT NOT RELATED TO THE	- Dest News
	DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION	20\ ANTOPSY?
2	175. MAJOR FINDINGS OF OFERATION	YES T NO
۷.	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, factory,	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
1	OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bidg., etc.)	termity frame
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
	While Not while	SIII (IAM BIN MACCI APPACI
	M. et work L. et work	
	22. I hereby certify that I attended the deceased from	, 19, to
П	alive on	A.O.T.P.M., from the causes and on the date stalled above.
£	SIGNATURE	ADDRESS (Street, sity, town, state) DATE SIGNED
2	N/2 1/ 1 × 2	- Solicher to 1 1/2 5 his
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	EXAMPLES LOGATION (City, town, or/county) (Steta)
٦	REMOVAT-(SPECITY)	
č J	BURIAL 1-7-1757 MT. OLI	VE WELMAR- DEL.
:	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE MARIE W. Halloward	W & Mane & CA - 10 Cma 10, C
ŀ	The state of the s	The state of the s

BAI ANT

,

·

and

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1242 CERTIFICATE OF DEATH

01244

Reg. Dist. No.

Way.		
9	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
2	COUNTY WICOMICO MARYLAND	STATE /) RGINIA COUNTY ACADMAQ
	CITY (II outside corporate limits, write RURAL LENGTH OF STAY OR and give negrest town) (to this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
	TOWN SALSDURY	TOWN HORNTOWN
	HOSPITAL OR INSTITUTION OR	STREET (II rural giva location) ADDRESS
9- 4	STREET ADDRESS P MINSULA GENERAL HOSPITAL	ADDRESS
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	(Type or Print) Roby Boy	STRAUTY DEATH JANUARY 3 1957
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9 AGE last birthday IF UNDER 1/YEAR IF UNDER 24 HRS.
	MAJE WHITE Specify Newborn JANE	Months Days Hours Min.
	E 10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
1	done during most of working Iila, evan il OR INDUSTRY retired)	Mary /a nd country?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Earl Sthautz	Katherine Justice
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS
1	(Yas, no, or unk.) (If Yes, give wer or detes of service)	
	18. MEDICAL, CER	TIFICATION 1 INTERVAL BETWEEN
F	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	a Consciental onser and death
	A IMMEDIATE CAUSE (A) DECELERAL	a, con general bins.
	ANTECEDENT CAUSE(S) DUE TO COLLINAR	anolia
	DISEASES OR CONDITIONS, IF ANY, (B) CERTIFICATION OF THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
	STATING UNDERLYING CAUSE LAST, (C)	
	IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	- / (Kitt 11.4.7(1))
	DISEASE OF CONDITION CAUSING DEATH.	
	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20, AUTOPSY? YES NO
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, Jarm, factory, 2	Tic. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.)	
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not white	211. HOW DID INJURY OCCUR?
	M. at work at work	
	22. I hereby certify that I attended the deceased from	19.57., to 19.57., that I last saw the deceased
4	alive on 1.3. 19	2.40 AM, from the causes and on the date stated above
₩ M	Signature	ADDRESS (Streat, city, town, state) DATE SIGNED
155	M.D. 23 BURIAL CREMATION. DATE THEREOF I NAME OF CEMETERY OF	CREMATORY LOCATION (City, Jown, or county) (State,
A15C	REMOVAL (SPECIFY)	
S A	BUTIAL 1-6-0 DOWNING	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
>	1-12-400 1000 111 6.400	1110 R X-11 11 76
	DATE! 12) / MUSCLIS AS CEONTRY	weller D & allfred Chindren
	at: XV	Na.



7261 91 NAU



" BEYN A"

7261 88 NA

SECENTED SEC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1044	CERTIFICATE	OF	DEAT
1211	CERTIFICATE	OF	DEAL

Reg. Dist. Nol 1248

		244	CERTITI	-	- 01 0	LAIII			Reg. Di:	it. Noil	2847
1, PLACE OF DEATH B. COUNTY	Wicomico)	MARYLAN	ll l	- CTAYS	ENCE (Whe Maryl:		lived If institu b. COUNT		ce before ad	
RURAL and give ne	Salisbu	ıry	c. LENGTH OF STAY IN	lb /		own (# oo Salial		ole limits, write	RURAL and g	jive Rearest I	lown)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, gr Pen. Ger				d. STREET A	ooress Calve:	rt St			0	RESIDENCE N A FARM? NO 1
3. NAME OF DECEASED (Type or print)	Fin. GEOF		Middle NATHANIE	L	losi VETRA		4. DATE OF DEATH	JAMU	Path	Doy 31st	Year 19 57
s. sex Male	White	WIDOWE] J		2, 18	87	9 AGE (In year lost birthday) 69 yrs	Months	1 YEAR IF U	NDER 24 HRS
100 USUAL OCCUPATION during most of work Retired -	N (Give kind of work ding life, even if relired) Painter	one 10b. I	Painting	NDUSTRY	11. BIRTHPU De	al Is	or foreign co	untryl , Maryl	1.	US.	HAT COUNTRY A
13. FATHER'S NAME George N.	Vėtra			- 1	MOTHER'S		-				
15. WAS DECEASED EVER	R IN U. S. ARMED FORCE If yes, give wor or dates of ser W/W. I		SOCIAL SECURITY NO	7. INFO	Relson	D. V	etra(S	on)411 ^{Ad}	Wirgin	ia Av	е.
Conditions, if or gove rise to it couse (o), stoling tying couse lost. PART II. OTH	he under-		ONTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMIN	HAL DISEASE	CONDITION G	IVEN IN PART	PE	AS AUTOPSY RFORMED?
	MEDICAL EXAMINER)		RIBE HOW INJURY OCCU					·			
Y 20c. TIME OF INJURY Hour a. jr. p. m.	f Month, Day, Yea 19	While	UURY OCCURRED 20e	PLACE (OF INJURY (I- street, office	lome, farm, bldg., elc.)	20f. (City	or town)	(0	County]	(Stote)
alive on	ADDRESS (Street, city or lown, slote) DATE SIGNED ACTUAL ACTUAL DATE SIGNED										
NAME (Type) Dr 220. BURIAL, CREMATION		ams						ryland			
REMOVAL (Specify)	Feb. 3, 195		22c. NAME OF CEMETER Parsons		terv		Şe	ION (City, town, alisbury	Mary	and	Stole)
23. FUNERAL DIRECTOR:		TERAL	HOME - SALI	SBUR	Y. D.L.	24a. REC'D	BY REGISTE	PAR 245 REC	SISTRAR'S SIC	MATURE	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.

TO FC AL MENTION: After this certificate has been signed by the atmading physician and campletely at in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

1

HUBEVO A. Z.

DECEMED 1

should

carbon after de

move

ä

in Per

burial-transit



124 CERTIFICATE OF DEATH

01248

		00 ==
Reg.	Dist.	No. 332

Z	1640	Reg. Dist. No
7	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY WIEDMIED MARYLAND	STATE MARY HIND COUNTY SOMERSET
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (H outside corporete limits, write RURAL end give necrest town)
	OR and give nearest town) TOWN (In this piece)	TOWN TOCOMUKE, MID
	HOSPITAL OR	STREET (If rurel give facetion)
	INSTITUTION OR STREET ADDRESS Franciscol Hashital	ADDRESS RT. / 130x 54
	3. NAME OF (First) (Middle)	(Leat) 4. DATE (Month) (Dey) {Yeer}
	(Type or Prim) NANCH	Voters DEATH JANUARY 9 1857
	5. SEX 6. COLOR OR 7. SINGLE MARRIED. 1 8. DATE OF	F BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
ı	F, RACE WIDOWED, DIVORCED, (Specify) MARRIE J MA	V 12 1879 7.7 yrs. Months Deys Hours Min.
ı		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	retired DOINESTIC HOUSE WIFE	MARYLAND USA
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JOHN HOLLAND	SINCIA WRIGHT
	15. WAS RECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS
7	NO	Illzonia Walisa - Otomoli, M
ı	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
ı	/ IMMEDIATE CAUSE (A) By Moto-inte	Find Kennhope
H	ANTECEDENT CAUSE(S) DUE TO	2 1 1
	DISEASES OR CONDITIONS, IF ANY, (B)	distrib
	GIVING RISE TO THE ABOVE CAUSE DUE TO	drivents, on
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
4,	190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	2D. AUTOPSY?
		Ic. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)
ı	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	(comp
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUR?
	M. et work et work	
ı	22. I hereby certify that I attended the deceased from	, 19, to, to, 19, that I last saw the deceased
/	alive on	#3.19.M, from the causes and on the date stated above.
E	SIGNATURE // // //	ADDRESS (Street, city, Igwn, state) DATE SIGNED
3	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	A company bel
١	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	B. J. W J
	SURIA 1-12 / mignul	de FOCEMENE, MIC!
	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE / UU / WIGALLY NOT INTOL.	Zuller Williamon Tow (butch. 1/1)

METRUCTIONS

Led within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit perform. A STEINING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician.

BUKEAU V. 2.

MIEDEU

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

death.

£

è

carban

emove

physician

aned by permit.

burial-tr

pode

2 .V. UAZRUZ

DATE OF

DEPUTY MEDICAL EXAMINER: This

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Z .Y UAZIOU

CHATEST.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01250

CERTIFICATE OF DEATH

Reg. Dist. No....

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY WICO MARYLAND	STATE MARYLAND COUNTY WICOMICO
	CITY (II outside corporate fimits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
	OR and give nearest town) TOWN (In this place)	VOIOWN S A L C B A .
	HOSPITAL OR 19 Days	STREET (If rules give location)
	INSTITUTION OR >	/ ADDRESS -
ps e	STREET ADDRESS IENINSULA GENERAL HOSPITAL	KOUTE 5
	3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Yaer)
	(Type or Print) - / 2 4 / 1	DEATH JALL ST 1957
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
	RACE WINDWED DIVORCED	Months Devs Hours Min.
	TII A.H. (Specify) SINUIZ NOU	7 1868 Alou1 8745
	10e, USUAL OCCUPATION (Give kind of work done during most of working kife, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
K.	retired LADOREK FARMING	Mark alarma
	13. FATHER'S NAME	1. 14. MOTHER'S MAIDEN NAME
	11 1/2	
	UNKNOWAL	UNKNOUN
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS TWON LAKES
3	(Yes, no, or unk) (If Yes, give wer or detes of service)	
	18. MEDICAL CER	THE DANIELS - PALISBURY THA
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	MUNICIPATE CAUSE (A)	a detal Cassu con Blues
	IMMEDIATE CAUSE (A)	0 1= 1 6
	ANTECEDENT CAUSE(S) DUE TO	(TITOLIA ROBIASIO)
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	AMBROOK DE
	STATING UNDERLYING CAUSE LAST, DUE TO	mie nahlankia
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	o were to follow the
	TO THE DEATH BUT NOT RELATED TO THE	a Stone Machinetillus
	DISFASE OF CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	y oct feet the proprior of the second
×	196. DATE OF OPERATION 196. MAJOR PINDINGS OF OPERATION	20. AUTOPSY7, YES NO Z
	21a. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, farm, factory,] 2	1c. WHERE DID INJURY OCCUR? (City or jown) (County) (State)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	or clear an unous accous feat a lower (count) (signs)
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21s. INJURY OCCURRED 12	21, HOW DID INJURY OCCUR?
	While Not while	THE HOW DID ROOM OCCUR?
	M. of work work	
	22. I hereby certify that I attended the deceased from AND	19 f., to Salud 31., 19, that I last saw the deceased
,	1	M, from the causes and on the date stated above.
Ę	BIGNATURE	ADDRESS (Street, city, town, state) / DATE SIGNED
25 10MC	VM Halle & Combola	Allia Kreen Mix Miller
5	23. BURIAL, CREMATION, DATE THEREOP NAME OF CEMETERY OR I	CREW CON CONTROL MAN MINE
2	REMOVAL (SPECIFY)	CREMATORY PARK (COCATION (City, 1) or county) (Steta)
200	GIRIAI 2-5-57 GREEN HOL	055 Mamarail Dalistury And
2	24. REC'D BY REGISTRAR REGISTRARYS SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	1951 // 2 2 A DA	IESIA HEALSON IN
	DATE By Dellowaye	MIL TEMBER WHERE B ALISBURY DIA
		11



BUREAU V. S.

1249 CERTIFICATE OF DEATH Reg. Dist. No. HI. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed . o. STATE b. COUNTY Wicomico Maryland MARYLAND Wicomico deoth. ero b. CITY OR TOWN (If outside corporate limits, write 8 C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) P Salisbury Salisbury d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? 25 702 Smith St Smith St YES NO IX NAME OF First 4. DATE OF DEATH Middle Last Month Year Day LIDITE Appendant A JANUARY (Type or print) 7th Poges 57 10 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. letely 8. DATE OF BIRTH Hours Female October 14,1871 White WIDOWED T DIVORCED 85 papers. yrs 10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) COM 12. CITIZEN OF WHAT COUNTRY? House Work Kenton. Delaware PLO USA None corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Š Nathaniel Riggs Anna Hillyard remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO Mr. G. Reynolds White (Son) 70% Smith St. (If yet, give war or dates of service) Hending No Salisbury, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) ONSET AND DEATH **DUE TO** ony Conditions, if ony, which gove rise to immediate DUE TO couse (a), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I at Port II af item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o. m. factory, street, affice bldg., etc.) While Not while at work p. m. at work (1) 21. I certify that I attended the deceased from ___ Zithat I last saw the deceased . and that death occurred at 7:00P M, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Division St. shauld PHYSICIAN'S Dr. Fred R. NAME (Type) Gramse Salisbury, Maryland 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Parsons Cemetery Salisbury. Maryland Rurd 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 COMPANY FUNERAL HOME -DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

regi e nal

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)

20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month,

Doy, Year 20d. INJURY OCCURRED While Not while at work of work

20e. PLACE OF INJURY (Home, farm, 20f. (City or lawn) factory, street, office bldg., atc.)

(County)

TIM 1956 that I last saw the deceased

(State)

21. I certify that I attended the deceased from alive on__

14. 19.210. ta

and that death occurred at 3:10P. M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Medical Center

DATE SIGNED

PHYSICIAN'S Dr. Eugene J. Linberg 220. BURIAL CREMATION. 226, DATE THEREOF

Salisbury, Maryland 22c. NAME OF CEMETERY OR CREMATORY Parcons Cemetery

M.D.

22d. LOCATION (City, town, or county)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Hour o. m.

ACTUAL

SIGNATURE

p. m.

ADDRESS

24c. REC'D BY REGISTRAR

Salisbury, Maryland 24b. REGISTRAR'S SIGNATURE

HOLLOWAY & COMPANY FUNERAL HOME- SALISBURY.MD.

Jan. 13, 1957

VS A15 (4)

C

of director, filed with

funerol uld be fi

8 physicion

поче

a

permit.

LSGI PINV

BUREAU V. S.